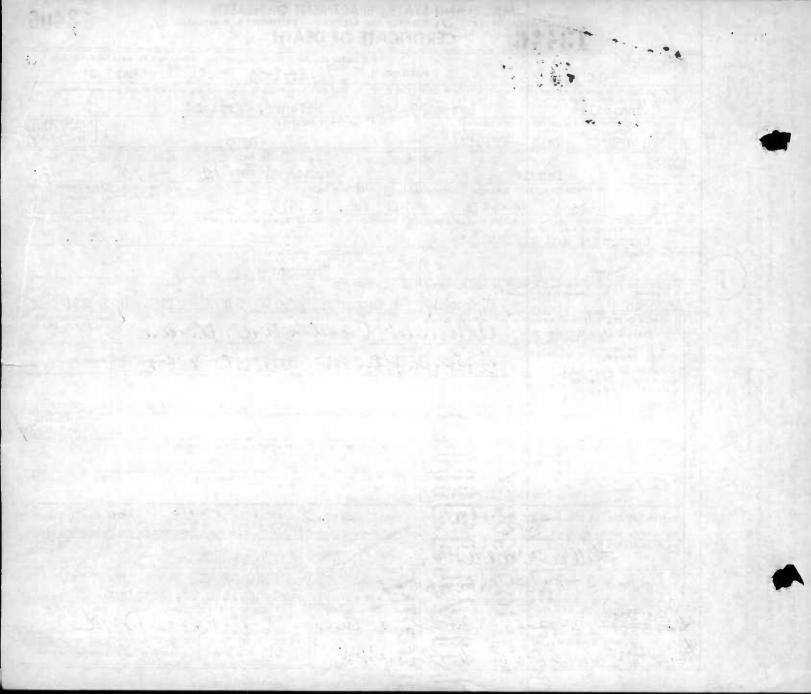
TO HOSPITAL

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

13406

1.	PLACE OF DEATH		¹s			2. USUAL RESI	DENCE (Wh	ere decease			an: Resider	nce befai	re admiss	ion)
П	a. COUNTY Ba	ltimore		MARY	LAND	a. STATE	Maryla	and	Ь. С	OUNTY	Cha	rles	3	
	b. CITY OR TOWN (If RURAL and give ned	autside carparate lim	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR 1	TOWN (If a	utside carpo	orate limits	, write R	URAL and	give nea	rest tawn	)
	Ca tons v			Lyt5mth23	dys	W:	aldori	f, Mar	yland	d				
2	d. NAME OF HOSPITA		jive street	address)		d. STREET A	DDRESS			O: 11		0	e. IS RES	FARM?
1 3	OR INSTITUTION SPRING GRO	VE STATE	HOS	PITAL				none	9	0	X	d		NO Z
	NAME OF	Fir	st	Middle		Las	it	4. DATE		Man	th	Da	γ ,	/ear
	(Type ar print)	Denni	S			Ada	ms	OF DEATH	100	_	- 10			1960
5.	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIE	ED 🔲	B. DATE OF BIRTI	Н		9. AGE (	in years rthday)	IF UNDER	Days	Haurs	R 24 HRS. Min.
	male	white	WIDOW	ED DIVORCE		Aug. 4,	1875		85	yrs.		Duys	110013	74(11).
10	J. USUAL OCCUPATION	N (Give kind af wark ng life, even if retired	dane 10b.	KIND OF BUSINESS O	R INDUS	TRY 11. BIRTHPL	ACE (State	ar fareign c	country)		12. CIT	IZEN OF	WHATC	OUNTRY?
		iter and b.	-	mith			Maryla	and			J	J. S.	. A.	
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME			0.0			
Y	Unkno	wn				Un	known							
	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO	. 17. <b>IN</b>	FORMANT			-	Add	ress			
1	unknown	f yes, give war or dates of :		Unknown	Re	cords:	SPRI	NG GI	ROVE	STA	TE F	HOSP:	TAL	
		TH [Enter anly one co	use per li	ne far (a), (b), and (c).	1 0	0			,			INTE	RVAL BE	TWEEN
	PART I. DEAT	H WAS CAUSED BY:	. (	arterios	el.	Card	co le	esc.	Di	sa	ol.	ONS	ET AND	DEATH
	422	DUE TO	/	2										
	Canditians, if an		1	Indensin	Jal	an edin	900	cerat	. 8	ives	00,			
	gave rise to im			NOTO TO	VER	1	1		1					
	lying cause last.	he under-	,				0					100		
z		FR SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	ATH BUT	NOT RELATED TO	THE TERMI	NAI DISEAS	E CONDII	ION GIV	FN IN PAI	RT 1(a) 1	9. WAS	AUTOPSY
15 ST	1880 111 0111	ek 3/0/4// /c//4// cor		CONTINUO INTO TO DE		TOT NED TED TE	J 1112 1211111						PERFO	RMED?
FIC	20g ACCIDENT WAS	S HINDERLYING [7]	20h DES	CRIBE HOW INJURY O	CCURRE	/Enter nature o	of injury in f	Part Lar Par	rt II of iten	n 18.1			152	140 [4]
CERTIFICATION	OR CONTRIBUTING	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	200.000	CKIDE (1017 1100K) O	CCORRE	, (emer narote a								
MEDICAL	20c. TIME OF INJURY Haur a. m.	Manth, Day, Ye	- 1	NJURY OCCURRED		CE OF INJURY (			y ar tawn)			(Caunty)		(State)
MEC	p. m.	19	While at war			,,								
	21. I certify that	(I) (this haspita	) attend	ded the deceased	fram	Nov.	2 . 19	60 . ta	121	10	19.6	20. th	at (I) (	we) last
		ed alive an 12	1	19_60, and						ises an	d an th	e date	stated	abave.
	22a. SIGNATURE	I an 1	0	. 0 0										b. DATE
		Filler "	ral	letter	- 1	A.D. PHYS.		ED. RECTOR	STAFF PHYS.					SIGNED
	22c. PHYSICIAN'S NAME (Type)	d / /	0 1	A Day of	- 1	22d. ADDR	ESS SPR	ING G	ROVE	STA	TE I	HOSP.	TAI.	
	TAME (Type)	SIELLI	7	NACHSC	tK		Cat	onsvi	lle 2	8. M	arvla	and		
23	a. BURIAL CREMATIO	4, 23b. DATE THERE	OF .	23c. NAME OF CEM	ETERY O	RCREMATORY		23d. LOCA		-			, (Stat	e)
1	KEMOVAL Specify	-12-13-	60	Jakl	nd-	Cen		11/	200	1-22	(,)	ma	_	
24	FUNERAL DIRECTOR'S	SIGNATURE	,	ADDRESS		. 0	25a. REC'	D BY REGIS	TRAR 2		STRAR'S S			
19	Honts F	meral H	om	Wald	ou	Med	DATE DE	C 1 5 '	60	'a	relius &	. Itra	id	



TO HOSPITAL may be reto 13447

## **CERTIFICATE OF DEATH**

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13407

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	Baltimore Co	ounty MARYL		NCE (Where decease aryland	d lived. If institution b. COUNTY	on: Residence be	fare admission)
b. CITY OR TOWN RURAL and give	(If outside corporate limits, negret fown)	write c. LENGTH OF STAY		WN (If autside carpo altimore	rate limits, write RI	JRAL and give n	earest lawn)
OR INSTITUTION	ITAL (If not in hospital, give dge Nursing l		d. STREET ADI	oress 28 S. Oldh	am Street		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First LOTTIE	Middle J.	ADEY	4. DATE OF DEATH	December		Day Year 19 60
5. SEX Female	7999 0 1	MARRIED NEVER MARRIE		1887	9. AGE (In years last birthday) 73 yrs.	Manths Days	Haurs Min.
Housewif	rking life, even it retired)	Own Home	Mary	yland	ountry)	12. CITIZEN	OF WHAT COUNTRY
13. FATHER'S NAME	George Pier		14. MOTHER'S M	anna Wrigh	+		
S WAS DECEASED FY		S? 16. SOCIAL SECURITY NO.	17. INFORMANT	anna mr Ten	Addr	att	
Yes, no, or unknown	(If yes, give war or dates of service		Harry W. Ac	ley 607	S. Newki		t
Candilians, if gave rise to cause (a), stating lying cause last	immediate The under- (c)	Selve S	Cleurs.  TH BUT NOT RELATED TO T	glyces of the TERMINAL DISEAS	E CONDITION GIV	EN IN PART I(a)	19. WAS AUTOPSY
PART II. O'  20a. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF	AS HNDERIVING TO 120	b. DESCRIBE HOW INJURY OF	CURRED (Enter nature of i	niury in Parl I or Par	t II of item 18.)		PERFORMED?
	YAS UNDERLYING ☐ 20 G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	o. Describe 11017 110001 CC	CORRED. (Ellier Holoro di 1	injury in run run run	111 01 110111 10.1		
20c. TIME OF INJL Hour a. m. p. m.	10	20d. INJURY OCCURRED While Nat while of wark all wark	20e. PLACE OF INJURY 1Ha factory, street, office b	ime, farm, 20f. (City oldg., etc.)	or tawn)	(Count)	r) (State)
Olive On ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the d	4 1	1 4 , 19 60, death occurred at 5		n the Couses o	nd an the d	DATE SIGNE
_ REMOVAL (Specif	ON, 22b. DATE THEREOF		TERY OR CREMATORY		TION (City, tawn, a		(State)
Burial 23. FUNERAL DIRECTO	12-14-196	O   Cedar Hi			Arundel (		
		1901 Eastern A		4a. REC'D BY REGIST		TRAR'S SIGNATI	
11111 0C Z	CALCA LAIC .	TYOU DOUBLIE H	TOTAL	TATE DEG 13	ou a	relievy S. The	ANTE

SESSIONITIAGES DE MEMBERS DE L'ENTRE CETATE DE L'ARTE LE L'ARTE L'AR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8618 mil nid gar	BTARD TO H	CERTIFICA		
		(NAZIEVA.		
	TO SELECTION OF PARTY AND	A DOUGHANASA DECEMBER		
9 4 6				
	Zini n rango			
	7 2 2 3 3			
Un Stand Leading Tolling		A LOUIS TO		
	Organization of the last		The state of the s	

SECTION OF THE PROPERTY OF THE

# FOR STATE HEALTH DEPT

director. Page Let Health. your files. TO DEPUT SEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any year, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funding the forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transfit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, gremation, or removal, and in any event within 72 hours after death.

VS. ATSME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, 1343() MEDICAL EXAMINER'S CERTIFICATE OF DEATH MARYLAND 13409

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Baltimore MARYLAND	a. STATE Maryland b. COUNTY Baltimore
b. CITY OR TOWN (if outside corporeta limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Dundalk	Dundalk
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
8043 E. Baltimore Street	8043 E. Baltimore Street YES NO 3
3. NAME OF First Middle DECEASED ALL OF THE MIDDLE OF THE	Last 4. DATE Month Day Year OF
(Type or print)  DOLORES  O HALLAI  S. SEX  16. COLOR OR RACE T MARRIED TO THE PRINT TO THE PRIN	ALLEN DEATH December 20 19 60  DATE OF BIRTH  19. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
7. MAKRIED NEVER MAKRIED	last birthday) Months Days Hours Min.
FORALO WINTE WINDOWED DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTR	Y   11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
done during most of working life aven If ratirad)	BALTINGO MJ 115A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Louis Michael	Josephinia Maniques
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (Yas, no, or unkown)   (Ifyasgiva waror datasofservica)	INFORMANT Address
(tas, no, or unkown) (myasgivawarorudalasorsoruda)	R EUGENE L. ALLAN SAME
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Stab Wounds of Che	est.
DUE TO	
Conditions, if any, which (b)	
gave rise to immadiata causa (a), stating tha undarlying  DUE TO	
cause last, (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED?
	YES AND
PRIMARY X or CONTRIBUTING Stabbed during a	Enter nature of injury In Part I or Part II of itam 18.)  Ltercation.
	ACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State)
10:30 pox 12/20 19 60 at work at work x	Home Dundalk Baltimore Md.
21. I certify that I took charge of the remains described above, he	old an Autopsy . Inspection . Inquiry . and in my opinion
death resulted from: Natural causes , Accident . Suic	ide, Homicide, Undetermined manner
01.00	CHIEF MEDICAL EXAMINER
SIGNATURE Challes J. lety.	M.D. ASSISTANT MEDICAL EXAMINER ADDATE SIGNED
EXAMINER'S NAME (Type) Charles S. Petty, M.D.	DEPUTY MEDICAL EXAMINER  Address (Street, city, town, or county)
REMOVAD (Spacify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	
12-24-60 HO14 Ke	edeemer BALTIMORE - Md.
23. FUNERAL DIRECTOR ADDRESS	248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
Lemaid & Kuck 5305 HAR.	Total DATE 27'60 arthur & King
11	- TOTAL TOTAL CONTROL OF THE PARTY OF THE PA

HIVASU NO DI ADRITTADI ESTENDIN DEL LADRON (1845). the Maryland Calbinore Holtsmane X Loomet ismorile -Looks w. Julythere Street. ... ... 1003 S. Boll More Etrief, Larring M. DELTARES C ALLES (ATRES) SECURIOR 20 1 60 remain of the second THE FREE KETTER TO TO A PROCESS THE SEAL REAL PROCESS THE SEAL REAL PROCESS THE SEAL REAL PROCESS THE SEAL P to the State of the t. a Division is on the destrict a 10:30 sc 12/20 00 m force Danualis Politinores No. 08/08/81 a late grown at the freed. the second of the second second CONTRACTOR OF THE PROPERTY OF THE PARTY OF T

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

15M 10/57

Reg. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) . IS RESIDENCE ON A FARM? YES NO Month 6 19 IF UNDER I YEAR IF UNDER 24 HRS Months Doys 12. CITIZEN OF WHAT COUNTRY? GROVE STATE HO INTERVAL BETWEEN ONSET AND DEATH PERFORMED2 YES INO (County) (Stote) 19 Q Othot I lost saw the deceased M, from the couses and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED 22d. LOCATION (City, town, or counly) (Stote) 24b. REGISTRAR'S SIGNATURE

	CERTIFICA	3440	•
Market State of the Control of the C			
	,		
		TRUST BEAR	
STATE AND A STATE			
product and questions are set to		A Name of	

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

o. STATE Maryland

d. STREET ADDRESS

- ANUSZEWSKI

Baltimore

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

			The same	CE	KIIIIC	AUE	OI DE
	place of DEATH a. COUNTY Baltimore				MARYLAND	2. 1	usual RESIDI o. STATE Maryl
$A) \vdash$	b. CITY OR TOWN (If	outside corporate limi	ts, write	c. LENGTH C	F STAY IN TE	,	c. CITY OR TO
71:	Fort Howard			93 I	ays		Balti
2	d. NAME OF HOSPITA	AL (If nat in haspital, g	ive street	address)			d. STREET AD
V		Administrat	ion l	Hospita	1		1006
3.	NAME OF DECEASED (Type or print)	Fir JOHN			Middle	ANU	lost USZEWSŁ
S.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER	MARRIED X	B. DA	TE OF BIRTH
	Male	White	WIDOWE		IVORCED		10/12/
10	o. USUAL OCCUPATIO during most of working Laborer			KIND OF BUSI	NESS OR INE	DUSTRY	11. BIRTHPLA
13.	FATHER'S NAME			OTON		14	. MOTHER'S
		A					Antic
15.	. WAS DECEASED EVER	Anuszewski IN U. S. ARMED FOR	CES? 16	SOCIAL SECUR	RITY NO. 17	INFOR	
		If yes, give war or dates of so		30000		lini	
	Canditions, if on gave rise to in couse (a), stoting t lying couse last.	the under (c	BRON ERON PULM		IS TO FUMONIA	REGIO	ONAL L
I CERTIFICATION	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	ER SIGNIFICANT CON  S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW IN	JURY OCCUR	RED. (Er	nter nature of
MEDICAL	Hour o. m.	Y Manth, Day, Yes	20d. It While at work	NJURY OCCUR Not while t of work			OF INJURY (H street, office
	sow the deceos	t <sup>4</sup> ) (this hospital ed alive on <u>Dec</u>			eased from		
		ules &	. Ka	war		M.D.	ATTENDING PHYS.
	22c. PHYSICIAN'S NAME (Type)	CHARLES E.	ROWAL	V	M.D.		VAH
23	o. BURIAL, CREMATION REMOVAL (Specify) Burial	100	6D		of CEMETERY		
00	FUNERAL DIRECTOR'S  Wm Cook-Bl		6009	ADDRES:		alto	.14. <b>N</b> d

						1			-
D NEVER MARRIED	B. DA	TE OF BIRTH		9. AGE	(In years birthdoy)	Months			R 24 HRS.
DIVORCED		10/12/8	37	73	yrs.	Months	Doys	Hours	Min.
IND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE	(State or far	eign country)		12.CI	IZEN OF	WHATC	OUNTRY?
ity		Polar	nd			U.	S.	Α.	
	14	. MOTHER'S MA	IDEN NAME						
		Antion	ette 1	/inskar	ski				
OCIAL SECURITY NO.	17. INFOR				Addr	ess			7
	Clini	Ical Rec	.VAH,	Baltim	ore18	,Md.	FT.H	OWARI	DIV
for (o), (b), and (c).]		TL TITL						RVAL BE	
YOUS CELL C.	ARCIN	OMA OF	THE LE	FT LUNC	WITH	I	UNS	ET AND	
CASTASIS TO						OR.	9	MON	I'mb -
CHOPNEUMONI							1	WEE	K
						-,1.7			
NARY EDEMA							2	DAY	S
ONTRIBUTING TO DEAT	H BUT NOT	RELATED TO TH	ETERMINAL [	DISEASE CONI	DITION GIV	'EN IN PA	RT 1(o) 1	PERFO	AUTOPSY RMED?
RIBE HOW INJURY OCC				327	16.				
Not while of work		OF INJURY (Hon street, office ble		f. (City or fow	(n)		(County)		(Stote)
d the deceased fr									
	107 00011		1						DATE
Jan	M.D.	PHYS.	MED.	OR PHY	FF S. X			12-1	7-60
		22d. ADDRESS		TALL					
M.I	).	VAH, B	ALTIMO	RE 18, N	D.FT.	MOH_	ARD	DIVI	SION
23c. NAME OF CEMET	ERY OR CRI	EMATORY	1 1	LOCATION (C		or county)		(Stote	
Baltimore	Nati	onal	Be	ltimor	e		Mar	yland	1
ADDRESS			a. REC'D BY		25b. REGIS	STRAR'S S	IGNATU	RE	
Marford Rd.	Balto	.14.Nd .D.	ATE UNIC Z	8 60	a	thur	24		
			2-5-10				7 17 0		

e. IS RESIDENCE ON A FARM? YES NO

Year

19 60

Day

16

b. COUNTY

December

24

c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)

1006 South Kenwood Avenue 4. DATE OF DEATH

VR A15 (4) 1SM 9/59

EUROV - DOWN ACTION BOOK - IN THE RESIDENCE OF THE PROPERTY OF Therefore the second second Minimaker 201 des die Jeans 130 (1991 166). Geschille 1 THE PERSON SEED STOP IN MANAGEMENT AND ASSESSMENT THE PROPERTY OF THE PERSON OF THE PE 249-74-D

A SHELL WEST COLUMN TO SHELL W

VS A1S (4) 1SM 9/SB

		1344	0	CERTIFICA	ATE OF DE	ATH		Reg. Dist.	13412 <sub>No.</sub>
1	. PLACE OF DEATH o. COUNTY	Baltimor	e	MARYLAND	2. USUAL RESIDEN o. STATE Mary:	NCE (Where decea	sed lived. If inst b. COU	itution: Residence b	perfore odmission)
-	d. NAME OF HOSPIT	If outside corporate limits parest town)  TAL (If not in hospital, gi		GTH OF STAY IN 1b	c. CITY OR TO	WN (If outside corptions of thorpe 2		le RURAL ond give	e. IS RESIDENCE
	or institution	um Sh	4 bired	- Centr	/ 3005	New Yor	k Avenu	e	ON A FARM? YES NO
3	NAME OF DECEASED (Type or print)	Firs Sam		McLain	Arnett	4. DATE OF DEAT	_	Month Cember	8 1960
5	. SEX male	6. COLOR OR RACE		DIVORCED	Jan. 30,	1900	9. AGE (In ye lost birthdo		EAR IF UNDER 24 HRS.
	during most of work	ON (Give kind of work d king life, even if retired) <b>eer</b>		F BUSINESS OR INDU L Service	М	aryland	country)	12.CITIZEN	U.S.A.
1	3. FATHER'S NAME	Charles A	rnett		14. MOTHER'S M				
		R IN U. S. ARMED FORCE			NFORMANT Lbert Pit	tinger.2		Address mont Ave	enue
11012	Conditions, if e gove rise to i couse (o), stoting lying couse lost.  PART II. OTH	mmediate (DUS TO	DITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO TI	HETERMINAL DISE/	ASE CONDITION	GIVEN IN PART 1(d	) 19. WAS AUTOPSY PERFORMED? YES □ NO [2]
- CTATATATA		AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HO	DW INJURY OCCURRE	D. (Enter noture of i	njury in Part I or P	Port II of item 1B.	)	
LA CIGARA	Hour o. m.	Y Month, Doy, Yea	While No	OCCURRED 20e. PL of while work	ACE OF INJURY (Ho ctory, street, office b	me, form, 20f. (C ldg., etc.)	ity or town)	(Cour	nty) (Stote)
	ACTUAL SIGNATURE	nat I attended the	Ball		1959, accoursed at 1.	ADDRESS		and on the d	saw the deceased ate stated abave DATE SIGNED
2	20. BURIAL, CREMATIC REMOVAL (Specify) BURIAL	22b. DATE THEREO		AME OF CEMETERY C	_		Balt:	vn, or county)	(Stote)
	3. FUNERAL DIRECTOR	s signature ok, Inc., 12		aul Stree	+	ATEDEC 13		egistrar's signa	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

part of the part o TodasasC And County and Angeleer divide resultant THE STATE AND A STATE OF duners anoneth 9000 technish to the land to the state of of all pures plitted at worth of the STORE OF THE STATE delegation of the test of the test of 19251

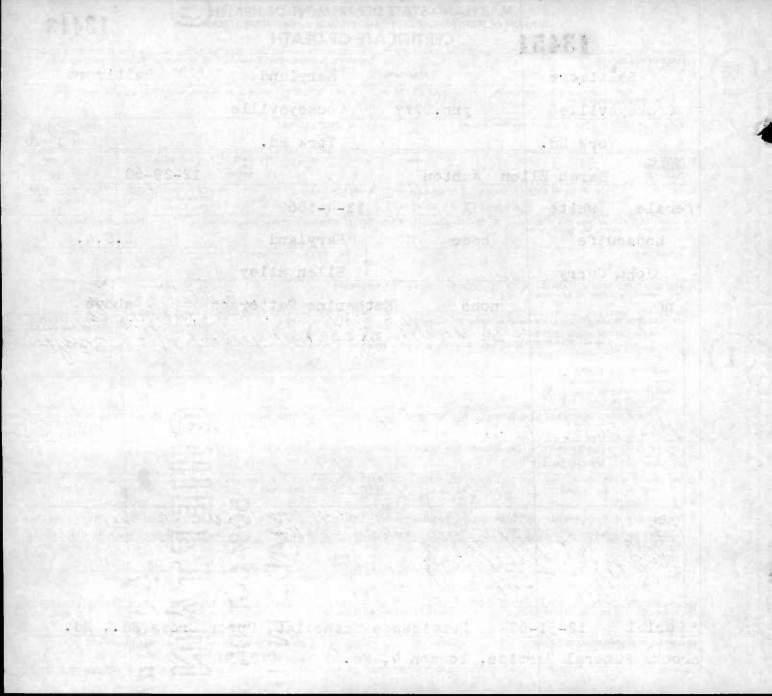
**CERTIFICATE OF DEATH** 

1. PLACE OF DEATH d. COUNTY Baltimore MAI	RYLAND	2. USUAL RESIDENCE (Who	L.	-	nce before admission) timore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Cockeysville  yrs.??		c. CITY OR TOWN (If or Cockeysv.		ts, write RURAL and	give nearest town)
d. NAME OF HOSPITAL (If nat in hospital, give street address) OR INSTITUTION York Rd.		d. STREET ADDRESS York Rd			e. IS RESIDENCE ON A FARM? YES NO K
3. NAME OF DECEASED (Type or print) Sarah Ellen Ashton	lle	Lost	4. DATE	Month L2-29-60	Day Yeor
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARI	RIED B.	. DATE OF BIRTH		(In years IF UNDE	R 1 YEAR IF UNDER 24 HRS.
female white WIDOWED X DIVORCE	CED 🔲	11-4-1869	9	yrs. Manths	Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired)  housewife	OR INDUST	RY 11. BIRTHPLACE (Stote of Maryland	ar foreign country)		S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME		
John Curry		Ellen Ri	ley		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war ar dates of service)		FORMANT	N Stap	Address	
no none	Kat	therine Pat	terson	a	DOY'S
Canditians, if any, which gave rise to immediate couse (a), stoting the under-lying couse lost.	ac y			7(0.7)	S. F. J.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO E  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO E  ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	erla	1 Dis i	(50 de	5)	PERFORMED? YES NO
Total   Control   Contro	20e. PLAC	CE OF INJURY (Home, form, ory, street, office bldg., etc.	20f. (City or tow	n)	(County) (State
21. I certify that (I) (this haspital) attended the decease show the deceased alive an XCC 78 1960, an		eath accurred BOA	7	. /	ze, that (I) (we) last
tofford & budson		ATTENDING 1 ME			22b. DATE SIGNED
NAME (TYPE) LIFFORD F. HUL	DSO	22d. ADDRESS	ORK	M)	),
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CE BURIAL (Specify) 12-31-60 Provid		Methodist		ity, town, or caunty) Cross Rd	
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	1		BY REGISTRAR	25b. REGISTRAR'S S	IGNATURE
Brooke Funeral Service Tower	7 44 1	Md. DATE AN	V 3 '61	THE STATE OF	

ofter death. Poge 4 funeral directar, hould be filed with ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs oug

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and the State Board of Health priar to burial, cremation, ar removal, and the any event, within 72 haurs after death.

TO HOSPITAL VR A15 (4) 15M 9/59



# TO HOSPITA OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely from by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after defin.

15M 9/60

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

13414

II 2 TIGHT DECIDENCE (Where deceased lived If institution, Pariday

a. COUNTY							b. COUN		031001166	201016 40	311113310117
Balti			MARYLAN	ID	Marylan	d	5. 0001		Las	20,	
b. CITY OR	TOWN (if outside corporate lim (URAL and give neerest town)	nits, c. Ll	ENGTH OF STAY IN	1b c. C	TY OR TOWN	(If outside corp	orata limits, write	RURAL and	give ne	erest town	n)
	Howard	7	Days	52	Stil Ba	ltimore	28				
	OF HOSPITAL OR INSTITUTION	(if not in hospital, g		d. S	TREET ADDRESS	and the same of th				e. IS RES	SIDENCE
Water	ans Administrat	tion Hosp	itel	1	6110 01	d Frede	erick Ro	ad		YES T	FARM?
3. NAME O			Middla	11 6	Last	4. DATE	Month		Day	Yeer	
DECEASE (Type or pr	ED		_	4***		OF		14	07	106	
	FIDWA		L.		TIN		Decem		27	196	
5. SEX	6. COLOR OR RACE	7. MARRIED X	NEVER MARRIED	8. DATE O	F BIKIH	9	lest birthday)	-	Days	Hours	Min.
Male		WIDOWED _	DIVORCED		3, 1921		36 yrs.				
	OCCUPATION (Give kind of wor nost of working life, even if retir		F BUSINESS OR IND	USTRY 11. BII	THPLACE (Cour	nty & Stete, or	foreign country)	12. CITI	ZEN OF	WHAT CO	OUNTRY?
COAL				W	ST VIRO	FINIA		U	S.A		
3. FATHER'S				14. MO	THER'S MAIDEN	NAME					
Joe A	lustin				ena Spo	ts					
15. WAS DEC	EASED EVER IN U.S. ARMED FO		AL SECURITY NO.			ne despitation	Address				-
	nkown) (If yes give we ror detas of	-11 -	2 7072	Tida Da	WATE T	2-74- 7	O NG T	UL TILLE	3	Dini	
Yes	KOREAN JSE OF DEATH [Enter only on			TIU Vec	VAN E	sarro T	8 Md - F	T HOW		RVAL BET	
	TI DEATH WAS CALLED BY			DATES	773 <b>7</b> 737 77 77 77 77 77 77 77 77 77 77 77 77	-0			ONS	ET AND D	EATH
1	IMMEDIATE CAUSE (a	ACUTE AN	D CHRONTC	PYELOI	EPHRITI	5			_UN	KNOWI	N
6	O C XDXXXX										
		UREMIA			_				2	MONTI	HS
	to immadiate cause	XOLD FRAC	TITRE C-6	VERTER	HTTW AS	PARAPI	ECTA AND	1			
couse lest		PARTIAL				I WITH II	DOLLA AND		9	YEARS	5
Z PART	II. OTHER SIGNIFICANT COND					INAL DISEASE	CONDITION GIV	EN IN PART	1(a)   19	. WAS AL	
PART OR CONT OF CONT OF CONT OF CONT									VI	PERFOR	RMED?
20e ACC	CIDENT WAS UNDERLYING	20b. DESCRIBE	HOW INJURY OCC	URED. (Enter ne	tura of injury in	Pert I or Pert I	l of item 18.)			45	
OR CONT	RIBUTING CAUSE OF DEATH	1									
			A OCCUPATED : 20	DI ACT OF IN	ILIDY /U to-	- 1 206 (Civ		10000	- Aud		(Stete)
0	E OF INJURY Month, Day, Y		OCCURRED 20e		URY (Homa, far offica bldg., etc		y or fown)	(Cour	пгу)		21616)
WE	p.m. 19	at work	at work			i					
21. I ce	ertify that 10 (this hosp	ital) attended t	he deceased fr	omDec.	.20.	1960, to.	Dec. 27.	,, 19	.60 th	at <b>K</b> ) (v	we) last
saw the	deceased alive on Dec	27.	19.60 and	that death	occured af	.M. from	n the causes	and on t	he dat	e stated	above.
22e. SIG											DATE
	Ulma	nuelle	2/1/200	M.D. PHY		MED. DIRECTOR	PHYS. X		-	0 07	SIGNED
22c. PHY	SICIAN'S	1000			ADDRESS				-	L2-27	-00-
NA/	ME (Type) C. M. SN	YDER M	LD.	TTA	H Rel +in	more 18	Md-Ft 1	Howand	Die	ricio	20
DUDIAL			NAME OF CEMET				ATION (City, to				ate)
REMOVAL	(Specify) 12-30-	-60						or county		(316	
Buria	12-10-	D.	7 4 0	AT. I .		17-74	-7				
OA PLINIED AL		Ba	altimore	Nationa	100 00		imore		ylar		
24 FUNERAL	DIRECTOR'S SIGNATURE	3035 Bu	Neoreth	7-3-1	25a. RE	C'D BY REGIS	TRAR 25b. RE				
Herbe	DIRECTOR'S SIGNATURE	3035 W	North	7-3-1	25a. RE	C'D BY REGIS	TRAR 25b. RE		SIGNATI	JRE	

The contract of the contract o

Acceptable and the control of the Co

Leason 0201

aded and some

married the state of the first state of the first state of the state o

THE THE PERSON OF THE PERSON O

MINER OF THE CITY ATECS PARTY BY THE ASSESSED V 6-0 AMERICAN CONTROL OF

National Control of the Control of t malebear shows at a late permit felt had been a first the first of the

business sometime fancias ore tile!

A COLUMN TO THE RESIDENCE OF THE PARTY OF TH

1	1. PLACE OF					2	. USUAL RESI	IDENCE (Who	ere deceased		stitution: Reside	ence before ac	mission)
	0. COUNT		BALTIMORE		MA	RYLAND		MARYLA	ND	b. co	UNIT	H.H	, V
/	b. CITY O	R TOWN (If ond give ne	outside corporate lim	its, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR	TOWN (If o	utside corpore	ote limits, w	rite RURAL ond	give nearest	town)
		HOWARI			25 DAYS		LINTHI	ECUM H	EIGHTS				KT X
-	d. NAME	OF HOSPITA	AL (If not in hospital, s	give street	oddress)		d. STREET				1-1		RESIDENCE
0	VETER		DMINISTRAT	ION H	OSPITAL.		1723 N	(FESFU)	Y ROAD	- (	77X.		S NO
	3. NAME OF		Fi	rst	Mide	lle	lo	st	4. DATE OF		Month	Day	Yeor
	(Type or p		JO	HN	H		AUT	TRY	DEATH	DEC	EMBER	13.	19 60
	S. SEX		6. COLOR OR RACE	7. MARE	RIED NEVER MAR	RIED 8.	DATE OF BIRT	гн	9	AGE (In lost birth			INDER 24 HRS.
	MALE		COLORED	WIDOWI	ED DIVOR	CED 🗌	JUNE 18	3. 189	1	69	yrs. Months	Doys Ho	ours Min.
			N (Give kind of work		KIND OF BUSINESS	OR INDUSTR			or foreign cou	intry)	12. CI	TIZEN OF WH	AT COUNTRY?
1	LABO		ing me, even in terrico		RATIROAD		NOF	TH CA	ROLTNA			U.S.A	
)	13. FATHER'S	NAME	ME MILE				14. MOTHER'S				1000		
1	WALT	ER AU	TRY				EAST	PER TE	W				
-	15. WAS DEC		IN U. S. ARMED FOR		SOCIAL SECURITY N	17. INFO					Address		
	YES	,	WW-1		05-03-947	CLI	V REC V	AH BA	LTO 18	MD-F	T HOWARI	D DIVI	SION
	IB. CAL	SE OF DEA	TH [Enter only one co	ouse per li	ne for (o), (b), and (	c). ]			= 0.70			INTERVA	L BETWEEN
	6	ART I. DEAT	TH WAS CAUSED BY:	U.	REMTA								NOWN
	0	00	DUE TO		HRONIC PY	ELONEPH	RTTTS					-	
	Condi	tions, if or	ny, which ) (t										
		rise to in o), stoting t	nmediote (	,									
		ouse lost.	ne onder	c)									
	ZOF	ART II. OTH	ER SIGNIFICANT CON	IDITIONS (	CONTRIBUTING TO	EATH BUT NO	OT RELATED TO	O THE TERMI	NAL DISEASE	CONDITIO	N GIVEN IN PA	RT 1(o) 19. V	AS AUTOPSY
	\{\bar{\}}\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	PERTE	NSIVE CARD	IOVAS	CULAR DIS	EASE							NO T
	CERTIFICATION (ILE ELLHE	CIDENT WA	S UNDERLYING  CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY	OCCURRED.	Enter noture	of injury in f	Port I or Port	Il of item 1	18.)		
		R, NOTIFY	MEDICAL EXAMINER)										
	0	OF INJURY	Y Month, Doy, Ye		NJURY OCCURRED	20e. PLAC	E OF INJURY	(Home, farm	, 20f. (City	or town)		(County)	(Stote)
	WED HO	p. m.	19	While of wor		100101	y, sired, offic	Le blog., etc.					
	21 1 ce	rtify tha	t <b>X</b> ) (this haspita	1) attend	ded the decease	d from N	OV. 18.	. 19	60. to D	EC. 1	3 . 19	60. that	W (we) las
			ed alive anDEC			d that dea	ath accurre	1:40			es and an th		
	22o. SIG		1) 1		111	id files det		•			000000000000000000000000000000000000000		22b, DATE
	Tab.	6th	velen	ast	len.	M.I	ATTENDIN PHYS.	IG ME	ED.	STAFF PHYS.	7	12	-13-60
	22c. PHY	SICIAN'S					22d. ADDR	RESS					
	INA	ME (Type)	CHARLES A	LLEN		M.D.	VAH	BALTO	18 MD	- FT	HOWARD	DIVIS	ION
	23a. BURIAL,		N, 23b. DATE THERE	OF	23c. NAME OF CE	METERY OR	REMATORY		23d. LOCATI	ON (City,	town, or county)	)	(Stote)
8	REMOV	AL (Specify)	12-17-	60	ARBUTUS	MEMORT	T. PARK			MORE			CIAND
0			S SIGNATURE 100	O BR	ANTIEYESAVE		T THE	-	D BY REGISTR		REGISTRAR'S S		
13	El may	O. WIT		WINOI		VIAND		DATE	nec o o	160			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 VR 1SM 9/59 SUSTRICTION OF THE MEANING PLANE GRADIES AND THE STATE OF THE STATE OF

		3740.43		
	The state of the s		TEXP SECTION	
THE RESERVE				
	See I near les mon		Termo !	
4 4 4		THE PROPERTY AND ADDRESS.		
The state of the same of the s	THE PART OF THE PART OF THE PER	· · · · · · · · · · · · · · · · · · ·	mp t	
		The state of the s		
		AUTOMO DE DESE		
	ig. 15, particular	our lie About Set the may be	The state of the state of the state of	
			•	
				*
		. 7	LA DIMENS	
ADEL STREET	A TELLE . THE PART OF THE PART		W-WASTA	
TOTAL CONTRACTOR			door we we	
			The Landson	11
			THE STAN	

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Rasidence before admission) e. COUNTY b. COUNTY a. STATE Bal timore Marvland MARYLAND 12 th by # b. CfTY OR TOWN (if outside corporete limits, CITY OR TOWN (If outside corporeta limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL end give neerest town) 24 Fort Howard Baltimore Davs d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) STREET ADDRESS IS RESIDENCE ON A FARM? 818 Chapel Gate Lane Veterans Administration Hospital YES NO Y letely 3. NAME OF DATE Middle DECEASED OF DEATH comp (Type or print) CHARTES B. DECEMBER 19 AYLOR within 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. carbon 8. DATE OF BIRTH AGE (fn yeers | IF UNDER 1 YEAR last birthday) and Months Days Hours Male White WIDOWED DIVORCED event, physician 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) remove done during most of working life, even if retired) U.S.A. any General Motors Craigsville, Virginia Repairman attending pt Then please FATHER'S NAME 14. MOTHER'S MAIDEN NAME .5 and Mary B. Aylor George F. Aylor Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yas give war or detes of service) removal 218-26-2838 Clin. Rec. VAH. Balto. Md. Ft. Howard Division the attending physician.

nas been signed by the burial-transit permit 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: RETICULUM CELL SARCOMA, GENERALIZED LINKNOWN IMMEDIATE CAUSE (a) **XXXXXXX** EDEMA OF THE LUNGS Conditions, if eny, which UNKNOWN gave rise to immediate causa DUE TO (a), stating the underlying has hospital or an certificate has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 0 YES XX NO prior 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20e. ACCIDENT WAS UNDERLYING for OR CONTRIBUTING CAUSE OF DEATH ned by the . After this detached 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Steta) 20c. TIME OF INJURY Month, Dev. Yeer factory, straat, office bldg., etc.) Not While While Hour a.m. ö at work et work | may be retaine DIRECTOR: 1960, that 21. I certify that () (this hospital) attended the deceased from NOV. Pe 70 saw the deceased alive on Dec shoul 22b. DATE 22a. SIGNATURE ATTENDING MED. SIGNED 3 PHYS. DIRECTOR PHYS. M.D. O HOSPITA death. Page O FUNERAL 12/26/60 director, page be filed with t 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) VAH, Balto. Md. Ft. Howard Division M.D. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) 23a. BURIAL, CREMATION, | 23b. REMOVAL (Specify) Baltimore National Baltimore, Maryland 0 Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Edmondson Ave. VR A15 (4) DAT DEC 2 8 '60 ISM 9/60 arthur & thous Witzke Funeral Directors Baltimore, Maryland

death

MARYLAND STATE DEPARTMENT OF HEALTH

61181

cold fidament

Turt Howard 182 days Baltdaet

Veterate Adelnie'r 150n Noseitel 1880 Charat Deta Bane

CALLES A STORY OF THE SECOND S

1/2 William 1/2/20 1/20 1/20

Lagranger - Company Continue C

George F. Aylor ... Exp B. Aylor

To a second of the second of t

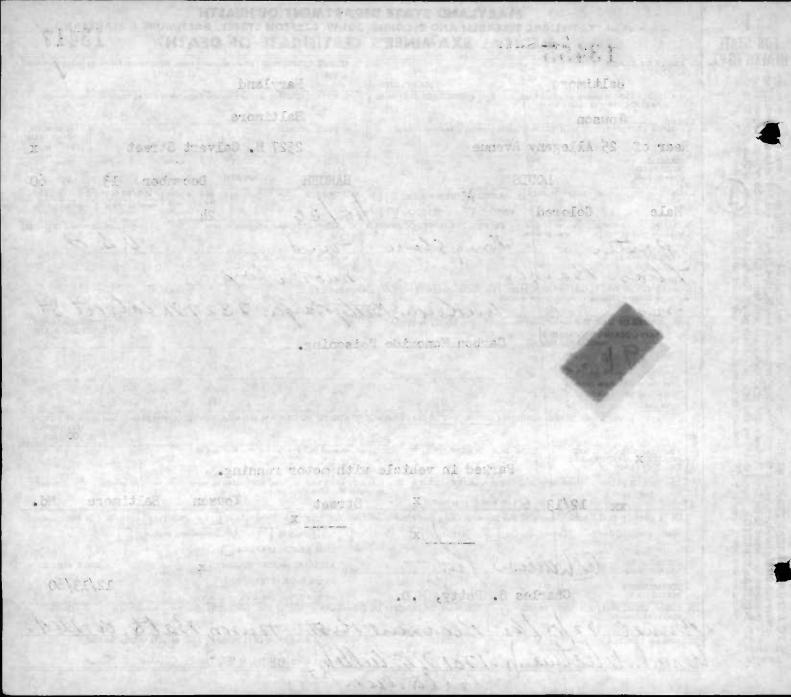
REPER STATE OF THE PARTY OF THE

CONTRACTOR OF THE PARTY OF THE PARTY.

08(98/c) 12/96/60

THE BOARD STATE OF THE STATE OF THE STATE OF THE BOARD STATE OF THE ST

Wingle Donord Directors Estimons, Maryland



funeral director, should be filed with and may be reposited by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and the State Baard at Health priar to burial, cremation, ar remaval, any transport, within 72 haurs after death.

\* ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

TO HOSPITAL

VR A1S (4) 1SM 9/59

# 13

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

13418

	PLACE OF DEATH	44			MARYLAND	2. USUAL RE		here deceosed	lived. If institu	Y		
-		timore	As south	LENGTH		CITY O	Md.				timo	
	<ul> <li>CITY OR TOWN (If RURAL and give need</li> </ul>		is, write		OF STAY IN 16			-17	ote limits, write	KUKAL ond	give nearest	lowing
		rrison			ox 2yr			Mill	s, Md.			
	d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, g	jive street	oddress)	Md.	d. STREET	ADDRESS				e. I.	S RESIDENCE ON A FARM?
	Foxleigh	Nursing	Hon	ne Gar	rison	24 01	d Tol	lgate	Rd.		Y	ES NO
3.	NAME OF DECEASED	Fir	st		Middle		Last	4. DATE OF	М	onth	Day	Yeor
	(Type or print)	Mary		Dul	any	Bar	ker	DEATH	Decem	ber	23,	1960
S.	SEX	6. COLOR OR RACE	7. MARI	RIED NEVE	R MARRIED	B. DATE OF BI	RTH	9	9. AGE (In year lost birthday	Months	-	UNDER 24 HRS.
F	emale	White	WIDOW	ED X	DIVORCED [	8/16	175		85 yr		Days	Min.
100	. USUAL OCCUPATION	N (Give kind of work	done 10b.	KIND OF BUS	SINESS OR INDU	STRY 11. BIRTH	PLACE (Stote	or foreign co	untry)	12.CITI	IZEN OF WI	HAT COUNTRY?
	Housewit	ng life, even if retired	,	Own h	ome	Ma	rvlan	d		T	J.S.A	
13.	FATHER'S NAME			OWII I	- CIII O		S'S MAIDEN	-				
	Welter	Dulany				197	annar	Simm	ane.			
15.	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECU	RITY NO. 17. 8	NFORMANT	Callot	DIIII		drowin	me M	ills.Mo
{Ye		f yes, give war or dates of s		Toma	Man	- T	Dish		TO KING	OWITH	igo m	TTTP
H	No	None		lone	MIL	3. Lee	ALGO	ardso	1,24	TO TE	LINES	LE RO.
		TH [Enter only one con H WAS CAUSED BY:	ouse per li	ne for (o), (b),	ond (c).	Ma	X				ONSET	AND DEATH
	20	IMMEDIATE CAUSE (	)	erer	nal	14cm	101					f ma
H	331	DUE TO		1		0		V				
	Conditions, if on		, a	un	0 00	m 1	300				2	o year
	gove rise to im couse (o), stoting to		)									4
	lying couse lost.	) (c	.]				34.25					
Z	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTIN	G TO DEATH BUT	NOT RELATED	TO THE TERM	MINAL DISEASE	CONDITION	GIVEN IN PAR	T 1(o) 19. V	WAS AUTOPSY PERFORMED?
CATION												S NO
TIFIC	20a. ACCIDENT WAS	UNDERLYING [	20b. DES	CRIBE HOW I	NJURY OCCURRE	D. (Enter noture	of injury in	Port I or Port	II of item 18.)			
CERTIFI	OR CONTRIBUTING	CAUSE OF DEATH										
M	20c. TIME OF INJURY	Month, Doy, Ye	ar 20d. I	NJURY OCCU	RRED 20e. PL	ACE OF INJUR	Y (Home, for	m, 20f. (City	or town)	(0	County)	(Stote)
MEDICA	Hour o.m.	19	While	_ Not whi	le fo	ctory, street, of	fice bldg., etc	c.)				
Z	p. m.			k ot work		77	, /	200	0.0	2 2	5.0	
	21. I certify that	(I) (this haspita	l) attend				1	2 B.1a_	Jue-			(I) (we) last
	saw the decease	ed alive on	ec 2	2 1960	, and that	death accuri	red at	M, fram I	the causes o	and an the	e date st	ated abave.
	220. SIGNATURE	5011 T	0 -			ATTENIO	INC I		STAFF			22b, DATE SIGNED
- 23	James	It will	es	MO		M.D. ATTEND	D	AED.	PHYS.			
	22c. PHYSICIAN'S NAME (Type)	110	FI	21/	11	22d. ADI	DRESS	10	,	11 .	OK	. 0
	A	IMEK	1,0	IWI	1141	15		li)	USY	1116	.0-	Ma
230	BURIAL, CREMATION	, 23b. DATE THEREC	OF .	23c. NAME	OF CEMETERY C	R CREMATORY		23d. LOCAT	ION (City, town	, or county)		(Stote)
	REMOVAL (Specify)	Dec. 27	1960	Gree	nmount	Cemet	erv	Ba	ltimor	e. Mo	1.	
24.	FUNERAL DIRECTOR'S		1	ADDRES		11/1		D BY REGISTI		GISTRAR'S SI		
0	frank?	DX 11	mare	11/1	1,000	villes	DATE :	EC 3 0 '6	0	~ -1 . 0	Kraud	
		- 1 - 11	IVVI.		1-7 -	- Comment		11-1 3 11 1	IU I		/ Malla	

18418				ė;	(III).	
anduelso		4				
	,		A			Livery.
			E melta	(.35)	Marine A	224764
		1 70000			ver all	
				2.12	a tot	
3 6 6						K-sale II
	19:5 m	SOLET CALL		270 mg	F-1 (5)	
				W	To Stanf	
			C. Julio Mia			

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

13419

1. PLACE OF DEATH a. COUNTY	TATMORE		MARYL		USUAL RESIDENCE ( o. STATE  MARY	(Where decease	d lived. If instituti b. COUNTY	an: Residence	e before adm	nission)
b. CITY OR TOWN	(If outside corporate limi	ts, write	c. LENGTH OF STAY IN	V 16	c. CITY OR TOWN (	(If autside carpo	orate limits, write R	URAL and gi	ve nearest to	own)
FORT HOWA			19 DAYS		BALTIMOR	R.W.		SV	01	-4
d. NAME OF HOS	PITAL (If not in haspital, a	ive street			d. STREET ADDRESS			The second second	e. IS I	RESIDENCE A FARM?
OR INSTITUTION	ADMINISTRAT	TON H	OSPITAL		1133 SOU	TH CHAR	LES STREE	न् <b>र</b> ा		A FARM?
3. NAME OF	· Fir		Middle	11	Last	4. DATE	Man	-	Day	Year
(Type or print)		LTER	M.		BARROW	OF DEATH			13.	19 60
S. SEX			RIED NEVER MARRIED	B. C	ATE OF BIRTH		9. AGE (In years			IDER 24 HRS
MALE	WHITE	WIDOW			9-15-87		last birthday) 72 yrs.	Manths [	Days Hau	rs Min.
10a. USUAL OCCUPA	TION (Give kind of work	dane 10b.		INDUSTRY		ate ar fareign o		12.CITIZ	EN OF WHA	TCOUNTRY
MARINE PI	arking life, even if retired	)	S. COAST G					77	0 4	
13. FATHER'S NAME	THETTIME	10	*P. COMPT G		4. MOTHER'S MAIDE	EORGIA N NAME			S.A.	
	. BARROW				JOSTE AI					
	VER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INFO		DUAWAL	Add	ress		
(Yes, no. or unknown)	(If yes, give wor or dates of s	ervice)	5-03-8534	CTTN	REC VAH	BATTO	18 MD-FT	HOLTADI	דעדת ח	CTON
	PEATH [Enter only one co			LOPIN	TEC VAN	DALIO	TO MID-FT	HUWARI		BETWEEN
	EATH WAS CAUSED BY:		RCINOMA OF T	THE P	ANCREAS WI	TH META	STASES T	O THE	ONSET AN	ND DEATH
1	IMMEDIATE CAUSE (c		FIT LUNG LEE		DNEY, RIGH			V 2	UNK	NOWN
0	-bue to		DIASTINAL LY			145 2 447 2 441 2				
Conditions, if	immediate XXXX	)		-9					-	
cause (a), statir	ng the under XXXXX	EDI	EMA OF LUNGS	S. MA	RKED				4 1	DAYS
lying cause las		1		-		DAMPIAL DISEAS	CONDITION OF	/FA . AN L DA DY	1	
PART II. C	OTHER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	H BUI NO	I KELATED TO THE TE	KMINAL DISEAS	SE CONDITION GIV	EN IN PAKI	PER YES	SORMED?
	WAS UNDERLYING  NG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (I	inter nature af injury	in Part I ar Pa	rt II af item 1B.)			
20c. TIME OF INJ Haur a. n	1.	ar 20d. I While at war	Not while	Oe. PLACE factory	OF INJURY (Hame, f , street, affice bldg.,	arm, 20f. (Cit etc.)	y ar tawn)	(Co	ounty)	(State
	hot 🗓 (this hospito	1 otten	ded the deceased f	rom OC	T 25	1060 10	DEC. 13	10 60	hot W	\ /wa\ las
sou the dece	ased alive on DE	1. 13	10 60 and 1	hat do-	h occurred at	25 M fram	e severe ad	nd on the	data stat	od obovo
220. SIGNATURE	asea alive on Dan	2.3	17_00, and r	nor deo	n occurred dr	D.IVI, Trom	rne couses or	id on the	date stor	22b. DATE
12	100	1	00	M.D	ATTENDING PHYS.	MED.	STAFF		10	13 E TE
22c. PHYSICIAN'S		100	olden,	M. D	22d. ADDRESS	DIRECTOR	mais. La			172/00
FREDERI	CK S. DONALI	SON,	M.D.	•	VAH, BALTI	MORE 18	, MD.FOR	T HOWA	RD DI	VISION
23a. BURIAL, CREMAT		)F	23c. NAME OF CEMET	ERY OR C	REMATORY	23d. LOCA	TION (City, tawn,	ar caunty)		itate)
REMOVAL (Speci Burial	12-16-	60	Baltimore	Nati	onal	Balt	imore		Mary	land
24. FUNERAL DIRECTO	DR'S SIGNATURE	1111	ADDRESS		25a. R	EC'D BY REGIS	TRAR 25b. REGI	STRAR'S SIG	NATURE	
Wm.Cook-BI	ight. Inc.6	009 E	larford Rd.,	Balto	. 14, Md DATE	DEC 1 9 '	60 a	utun S.	Trans	

funeral director, ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 pup attending physicion and completely filled in Poges 1 please remove carbon papers. Pages n ony event, vithin 72 haurs offer death. TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 should be detached for use as the buriol-transit permit. the State Board of Health prior to buriol, cremation, or removal, TO HOSPITAL

VR A15 (4) 1SM 9/59

#MATE	ASSESSED NO.			i. Li	PR 2010150
		that stee			
				Plante light	100.00
	garcare ( MIP)				
	ξ1 <u></u>	and the			27.12
	Rolling		10.000000000000000000000000000000000000		
					THE REAL PROPERTY.
237,74	BUT HE AL CO	AK DOE COUNTRY			
ATTENDED			( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )		
			DELK OF THESE		
			ili sum series Sièrie EE	not see the	
	Se 16 18		Tu	CLA	17-34
12 6 Y		W., F. 182.00	· E · L · ¿ T		
	West and the Confe	LingoLoui			Tega

13458 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4 should be cremation Reg. Dist. No. PLACE OF BEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY b. COUNTY o. STATE burial. b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN Af outside corporale limits write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF Month Day -DECEASED OF DEATH (Type or print) 19 5. SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER TYEAR 8. DATE OF MR IF UNDER 24 HRS. last birthday) Months Days Hours WIDOWED | DIVORCED [ yrs. 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) mane 13. PATHER'S NAME 14. MOTHER'S MAIDEN NAME 5 oge WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause DUE TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19, WAS AUTOPSY PERFORMED? NO. 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (Slote) factory, street, office bldg., etc.) While g. m. Not while of work of work p. m. 21. I certify that I taak charge af the remains described above, held an Autopsy Inspection 1 Inquiry L, and find that Natural causes Suicide . Hamicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE forworded FUNERAL ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 22b. DATE THEREOI 22d. LOCATION (City\_town, or county) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) DATE Trous UEC 15 60 5M 9/5S

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4 A SHOULD PROVIDE BUILDING THE CHAPTER AND AT \$2,000 C. S. TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

13421

### 13459 CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
county Baltimore County MARYLAND	STATE MD COUNTY BALTIMURE
CITY (If outside corporete limits, write RURAL   LENGTH OF STAY	CITY (If outside corporete limits, write RURAL end give neerest town)
OR end give nearest lown) TOWN Mt. Wilson, Md. (In this plece)	TOWN COCKENSIVILLE
HOSPITAL OR	STREET (If rure) give location)
INSTITUTION OR	ADDRESS
STREET ADDRESS Mt. Wilson State Hospital	130x 27 ASHLAND Rd.
3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Month) (Day) (Year)
(Type or Print) CLIFTON EUGENE	BEACH DEATH 12 29 1960
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED,	OF BIRTH 9. AGE lest birthdey   IF UNDER 1 YEAR   IF UNDER 24 HRS.
MALE WITTE WIDOWED (Specify) WIDOWED	5-12-1902 58 yrs. Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT
done during most of working life, even If OR INDUSTRY retired) LABOREN movine & stora	TE VIRGINIA COUNTRY?
refired LABOREN   moving & stora	14. MOTHER'S MAIDEN NAME
JOHN BEACH	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no, or unk.) (If Yes, give wer or detes of service)	17. INFORMANT & ADDRESS
(If Yes, no, or unk.) (If Yes, give wer or detes of service) 215 - 14-86	Hospital Records, Mt. Wilson State Hospit
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ERTIFICATION INTERVAL BETWEEN
	ONSET AND DEATH
IMMEDIATE CAUSE (A) TOUMONAIS	- Y CARCINOMIA 2 years
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (8) GIVING RISE TO THE ABOVE CAUSE	
STATING UNDERLYING CAUSE LAST. DUE TO	
(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE EMP YEAR A	(PVLMONARY)
DISEASE OR CONDITION CAUSING DEATH.  19e. DATE OF OPERATION 1 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21e. ACCIDENT WAS UNDERLYING []   21b. PLACE (Home, ferm, fectory,	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
OR CONTRIBUTING [] CAUSE OF DEATH   OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e, INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
M. et work D Not while the et work D	
22. I hereby certify that I attended the deceased from 7-11	, 19 60 , to 12-29 , 19 60 , that I last saw the deceased
alive on 12 - 29, 19 60, and that death occurred	
SIGNATURE	al
23. BURIAL CREMATION. DATE THEREOF NAME OF CEMETERY OF	M.D. Superintendent, Mt. Wilson, Md.  R CREMATORY   LOCATION (City, town, or county) (State)
REMOVAL (SPECIFY)	
Burial   12-31-60   Ashland P	resbyterian   Cockeysville, Md.
24. REC'D BY REGISTRAR 8 REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE  Re La Carrier Signature (22 yo RK RoA)
DATE . TOTALLE	BROCKS FUNCEAL SER. 62 TOWSEN 4 Ml.

SAME AT ANOMINANT STATE OF THE NEW OF TEACH OLD THE STATE OF A LY IN ON THE STATE O THE CERTIFICATE OF DEATH Layer's barrier with the transfer and the state of the st The second of th

THE MINE AND AND THE PROPERTY OF THE CONTRACT OF THE PARTY OF THE PART

O

# MARYLAND STATE DEPARTMENT OF HEALTH 13460 CERTIFICATE OF DEATH

13422

during most of working life, even if refired HOUSE WIFE  13. FATHER'S NAME    14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. MAIDEN NAME   15. WAS DECEASEDEVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   18. WAS DECEASEDEVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   18. CAUSE OF DEATH   Enter only one cause per line (ac. (a), b), and (c).   18. CAUSE OF DEATH   Enter only one cause per line (ac. (a), b), and (c).   18. CAUSE OF DEATH   Enter only one cause per line (ac. (a), b), and (c).   18. CAUSE OF DEATH   19. DEATH WAS CAUSED BY   19. DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a)   19. WAS AUTOPEY   1		
BRATIMORE  OCH MINITURE AND COLOR TO CHOSPITAL (If not in hospital, give street oddress)  O. RINSTITURE AND CLERN ROAD  ON ANAME OF HOSPITAL (If not in hospital, give street oddress)  O. RINSTITURE AND CLERN ROAD  I DATE  OF HOSPITAL (If not in hospital, give street oddress)  O. RINSTITURE  ON A FAME  TO DECRATE OF AND CLERN ROAD  I DATE  OF ANAME OF OF DEATH  I DATE  OF ANAME OF CLERN ROAD  I DATE  OF ANAME OF OF DEATH  I DATE  OF ANAME OF OF BIRTH  OF ANAME  OF ANAME OF OF ANAME  I DEATH DEATH  OF ANAME  OF A	and the same of th	CTATE
C. NAME OF HOSPITAL (If not in hospital) give street address)   C. STREET ADDRESS   S. Y. Y. ROCK CLEN ROAD   R. S. SESUPENE, S. S. Y. Y. ROCK CLEN ROAD   R. S. SESUPENE, S. S. Y. Y. ROCK CLEN ROAD   R. S. SESUPENE, S. S. Y. Y. ROCK CLEN ROAD   R. S. SESUPENE, S. S. Y. Y. ROCK CLEN ROAD   R. S. SESUPENE, S. S. S. Y. ROCK CLEN ROAD   R. S.	RURAL and give nearest town)	
Decay   Deca	d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE
Second Control   Seco	DECEASED	Of
during most of working life, even if refired HOUSE WIFE  13. FATHER'S NAME    CONSENSE   CONCESS   CONCESS		O 20 1672 last birthday) Manths Days Haurs Min.
SARAH JANE SMITH  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  17. INFORMANT  18. CAUSE OF DEATH [Enter only one couse per line for Job, (b), ond Job)  19. PART I. DEATH WAS CAUSED BY  19. DUE TO  19. June 19. DUE TO  19. DUE TO  19. DUE TO  20. ACCIDENT WAS UNDERLYING   20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I of Part II of item 18.)  20. ACCIDENT WAS UNDERLYING   20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I of item 18.)  20. TIME OF INJURY Month, Day, Year 20. INJURY OCCURRED. (Enter nature of injury in Part I of Part II of item 18.)  20. TIME OF INJURY Month, Day, Year 20. INJURY OCCURRED. (Enter nature of injury in Part I of Part II of item 18.)  20. TIME OF INJURY Month, Day, Year 20. INJURY OCCURRED. (Enter nature of injury in Part I of Part II of item 18.)  21. Lertify that (I) (this hospital) attended the deceased from 2. 2. 1. Service, office bidg. etc.)  22. SURNATURE  23. SURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) BURTAL DIRECTOR'S SIGNATURE  24. FUNERAL DIRECTOR'S SIGNATURE  25. REGISTRAR'S SIGNATURE	during mast of warking life, even if retired)	MARYLAND U.S
18. CAUSE OF DEATH   Enter only one couse per line (gr.[o]), (b), and, (c).	13. FATHER'S NAME	
Tree, no, or valencemon   Continued   Co		0
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gove rise to immediate (b) DUE TO  Conditions, if any, which gove rise to immediate (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART I(a)  20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 19 of war of wards of wards of wards of wards of wards of wards  21. I certify that (I) (this haspital) attended the deceased fram 21. I certify that (I) (this haspital) attended the deceased fram 22. SIGNATURE  22a. SIGNATURE  22b. DATE M.D. PHYS.  22d. ADDRESS  22d. ADDRESS  22d. REGISTRAP'S SIGNATURE  23d. ICCATION (City, town, or county)  23d. ICCATION (City, town, or county)  (State)  BURIAL CREMATION, BURIAL CREMATION  23c. REGISTRAP'S SIGNATURE  24c. IN ADDRESS  25c. REGISTRAP'S SIGNATURE  25c. REGISTRAP'S SIGNATURE  25c. REGISTRAP'S SIGNATURE  25c. REGISTRAP'S SIGNATURE	(Yes, no, or unknown)   (If yes, give war or dates of service)	7 10 1 -10 10 11 11 2
Canditians, if any, which gave rise to immediate course (a), stating the under-lying course last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPEY PERFORMED? PERFORMED. PERFORMED? PERFORMED.	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Vascular accedent gentlemen
Cause (a), stating the under-lying cause lost.    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?   YES   NO	Conditions, if any, which age rise to immediate (b).	levilie Cardio Cerebral
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  20a. ACCIDENT WAS UNDERLYING DAUGE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Nat while of work of the work	cause (a), stating the under-	cular Diseaire 2 years
20c. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Manth, Day, Year Haur a. m.		PERFORMED?
21. I certify that (I) (this haspital) attended the deceased fram.   2   1957, ta   272   1968; that (I) (we) last saw the deceased alive an   12   12   1968, and that death accurred at 32 M, fram the causes and an the date stated above.    220. SIGNATURE	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
saw the deceased alive an 12-12-1962, and that death accurred at 2 M, fram the causes and an the date stated abave.  22a. SIGNATURE  M.D. ATTENDING MED. STAFF SIGNED  22c. PHYSICIAN'S NAME (Type) WALTER T- KEES  22d. ADDRESS  22d. ADDRESS  23d. BURIAL, CREMATION, 23b. DATE THEREOF  BURIAL SIGNATURE  23d. NAME OF CEMETERY OR CREMATORY  BURIAL DIRECTOR'S SIGNATURE  24. FUNERAL DIRECTOR'S SIGNATURE  25d. REGISTRAR 25b. REGISTRAR'S SIGNATURE	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	
220. SIGNATURE  ATTENDING MED. STAFF SIGNED  22c. PHYSICIAN'S NAME (Type)  22d. ADDRESS  23d. LOCATION (City, town, or county)  23d. LOCATION (City, town, or county)  24. FUNERAL DIRECTOR'S SIGNATURE  25d. REGISTRAR SIGNATURE  25d. REGISTRAR 25b. REGISTRAR'S SIGNATURE	21. I certify that (I) (this haspital) attended the deceased fram	12-11 1957, ta 12-12 1966; that (I) (we) last leath accurred at 2 M, from the causes and an the date stated above.
NAME (Type) WALTER T- KEES COCICETS VICLE MD  23a. BURIAL, CREMATION, 23b. DATE THEREOF BENOVAL (Specify) 12-16-60 Loudon Park Cemetery Baltimore  24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25o. REGISTRAR 25b. REGISTRAR'S SIGNATURE	220. SIGNATURE CAST CLES	ATTENDING MED STAFF 22b.DATE SIGNED
BURIAL (Specify)  12-16-60  Loudon Park Cemetery  250. REGISTRAR'S SIGNATURE  250. REGISTRAR'S SIGNATURE	the state of the s	
DFC ) 5 'CO	23g. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF BURIAL (Specify) 12-16-60 Loudon Park	
Wm. Cook-inc., 121/ St. Paul Street. Zone 2 DATE	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. Cook-Inc., 1217 St. Paul Street, Zon	UPC ) 5 'CO

Mary Rich Stell Step College ELLIAN SAY SENSON THE DEC. 14 SELAND TRUETORY are marked to the form of the first for the first form of the fi and the second of the second o Promising Trademic design and action of the Total VATAGE is. Goodalge., 1237 Sp. Dall Uta ot, Bank C. - Da

VS. A15ME(5) 5M 9/55 13423

Reg. Dist. No.

1.	PLACE OF DEATH	1+1		MARYL	NO	2. USUAL RESIDENCE (	-	sed lived. If Institu	v	timo	
-	b. CITY OR TOWN (IF	Itimore outside corporate limits, write	e RURAL	c. LENGTH OF STAY IN	-	c. CITY OR TOWN (		porate limits, write			
	and give neares (lown)	sex #21				54 Esse	x #21				
	d. NAME OF HOSPITA	AL OR INSTITUTION (	If not in hos	pital, give street address)		d. STREET ADDRESS				0.	IS RESIDENCE
	יוווו "כ"	Eastem A	re.			יי וווו	C" Eas	tern Ave.		Y	ES NO
3.	NAME OF DECEASED (Type or print)	3 And va	1- 2	Lyelen Middle	B	ntleylog	4. DATE OF DEATH	12	3	Day	Year 19 6 0
5.	SEX	6. COLOR OR RACE	7. MARRI	D NEVER MARRIED	B. 0	DATE OF BIRTH		9. AGE (In years last birthday)			UNDER 24 HRS.
	Female	White	WIDOWE		7	Dec. 5, 195		9 yrs.	Months D	Days He	ours Min.
100	<ul> <li>USUAL OCCUPATION</li> <li>during most of working</li> </ul>	ON (Give kind of work of life, even if retired)	done 10b. X	CIND OF BUSINESS OR IN	DUSTRY	The second secon		country)	12. CITIZ		HAT COUNTRY?
-	None			None	-	Kent	-			USA	
13	FATHER'S NAME	D				14. MOTHER'S MAIDEN					
15		Bentley R IN U. S. ARMED FO	DCECS 114	SOCIAL SECURITY NO. I	17 101	Marcel ORMANT	Ta Adk				
(Ye	s, no, or unknown)	(If yes, give war or dates of					0.77	Address			
=	No.	H [Enter only one cau	un nor line	None		Paris Bentl	еу	Same	7	INTERVAL	DET OFFICE ALL
	PART I. DEAT	H WAS CAUSED BY		1	111	11116				ONSET AN	ND DEATH
	095	IMMEDIATE CAUSE (a)	FINE	monin-les	1/10	7				4.7	. 6669
	Canditians, if an	DUE TO	m	ender						140	reli
	gave rise to immed	iate cause	,,,,	-acus							
	(a), stating the u	nderlying (c)		William Bridge							
Z	PART II. OTH			NTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TERM	MINAL DISEAS	E CONDITION GIV	VEN IN PART	1(a) 19. V	VAS AUTOPSY
SATI		enelua	1_	PALSY						YES	ERFORMED?
CERTIFICATION	20g. EXTERNAL CAU PRIMARY   gr CON CAUSE OF DEATH.	SE WAS ITRIBUTING [	b. DESCRIBE	HOW INJURY OCCURRE	D. (Ent	er nature of injury in Po	ort I or Part II	of item 18.)			TA S
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yea	While		PLACE	OF INJURY (Home, for y, street, office bldg., etc	m, 20f. (Cit	y or town)	(Cour	ity)	(Stote)
	21. I certify th	at I took charge	of the r	emains described	above	e, held an Autop	sy 🗍, I	nspection .	Inquiry	( ) e	nd find that
9	death resulted	from: Natural	causes [	Accident .	Suici	de [], Homicid		ndetermined o	-		
	/	1 016	6/	00.			17700				
	ACTUAL SIGNATURE	Relle	Co	eccus		M.D. CHIEF MEDICAL E	XAMINER [			DA	ATE SIGNED
	EXAMINER'S NAME (Type)	JACK C	(0	llins		ASSISTANT MEDICAL		_	1	2-3	31-60
220	BURIAL, CREMATION REMOVAL (Specify) Removal	1/1/61	F	22c. NAME OF CEMETERY				TION (City, town, eville,			(State)
23.	Sames E.	S SIGNATURE	5/40	ADDRESS			D BY REGIST	RAR 24b. REGI	STRAR'S SIGH	NATURE	
	A JINOS E.	- Course Lyging	7			DATE			1 4. /	A Name of the least of the leas	

NASIL HTARE TO STADESTRAD		and the second second
		N MONTH OF THE PARTY OF THE PAR
THE STREET OF STREET, AND STREET STREET, STREE		
	,	
The state of the second		

4	· - E													
Page	director iled wit			LACE OF DEATH	BALTIMO	RE	MARYLA		- STATE		re deceased lived.	If institution: R . COUNTY	esidence befo	re admission)
death.	Id be		6	RURAL and give n	If autside carporate limits, earest town) SUILLE	write c.	2 MONTH		-		tside carporate lim		ond give ne	crest tawn)
irs after	Z A C	X A	0		TAL (If not in hospital, give		Iress) ME		d. STREET AD	DRESS 995	ROCK	ROSE	AUE	e. IS RESIDENCE ON A FARM? YES NO
24 hau	es Jone			NAME OF DECEASED Type or print)	First	E	Middle	BE	N T	ZEL	4. DATE OF DEATH	DE C	Do	Year 1960
d withir	s. Pages fifer death		5. S	FE	6. COLOR OR RACE 7	MARRIED IDOWED	The state of the state of	5 45	ATE OF BIRTH	18	76 9. AG		NDER 1 YEAR nths Doys	IF UNDER 24 HRS. Hours Min.
execute	n paper		10a.	USUAL OCCUPATION during mast af war	ON (Give kind af wark dan king life, even if retired)	e 10b. KIN	ND OF BUSINESS OR	INDUSTRY			r foreign country)		2. CITIZEN O	HAT COUNTRY?
pe	rba 72	-	13.	FATHER'S NAME				14	. MOTHER'S	MAIDEN N	AME			
ote :	e co	W.	1	+ENRY	J BE	VTZ	ZEZ		M7	ARY	51	UITZ	ER	
certific	remay event, w		15. (Yes.	WAS DECEASED EVE	R IN U. S. ARMED FORCE (If yes, give wor or dates of servi	16. SO 2/6	CIAL SECURITY NO. 3-14-458	17. INFOR	Fra	all.	L. Dru	Address thin-	Cock	Egentle V
eoth	ease			18. CAUSE OF DE	ATH [Enter only one cous	per line f	ar (o), (b), and (c).]					1	INT	ENVAL BETWEEN
e o	d i			PART I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (0)_	7							0.,	ori Aido oralli
that th	by the iit. The ral, and			42a Conditions, if	DUE TO	au	Terio A	low	te le	undis	Vasan	clar		
requires	sit perm			gave rise to couse (o), stoting lying cause lost.	DIJE TO					1	near	-	0	2 months
he low physici	ial-tran	1	CATION	PART II. OT	HER SIGNIFICANT CONDI	IONS <u>CO</u>	NTRIBUTING TO DEAT	H BUT NOT	T RELATED TO	THE TERMIN	VAL DISEASE CON	DITION GIVEN I	N PART 1(o)	PERFORMED? YES NO
IAN: T	ficate the bur ol, crem	O	I	OR CONTRIBUTING	AS UNDERLYING 20 G CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRI	BE HOW INJURY OC	URRED. (E	nter nature of	injury in P	ort I ar Part II of i	tem 18.)		
PHYSIC al ar of	his cert use os to buri		MEDICAL	20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Year 19	20d. INJU While of work	Not while		OF INJURY (H , street, office			n)	(County)	(State)
ING	od far priar			21. I certify the	at (I) (this haspital)	attended	the deceased f	ram	10-12	12.				nat (I) (we) last
END the h	toch polith	1		saw the decea	sed alive on 12	16	1960, and t	hat deat	h accurred	at 2-45	M, fram the c	auses and a	n the date	stated abave.
by AT	be de of He		ij	220. SIGNATURE	hastu	1.	· Leus	M.D.	ATTENDING PHYS.	ME DIR	D. STA	FF 'S.	12/18	160 SIGNED
ITAL P	should Board	1		22c. PHYSICIAN'S NAME (Type)	WALT	ER	T. KEE	-5	22d. ADDRES		< E45 V	ILLE	M	D
HOSP moy be	page 3 the State	0		BURIAL, CREMATIC		2	Loudon F				23d. LOCATION (		unty)	(Stote)
VR A1	5 (4)	B		funeral director m.Cook, I	's SIGNATURE	t.Pau	ADDRESS 1 Street			25a. REC'D	BY REGISTRAR	25b. REGISTRA		

	ラウエル (Plant) 本	S ISBN DARW	Printer (Charles	1719	
1580	Section 1970 11 1991			, , , , , , , , , , , , , , , , , , ,	
		P352			
			TOTAL STREET,		15 5 5
					HE MES
EAV NO NOT	- No. 10 N				
Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z			News - Arreste		CVV
	,				
			1		
	- Short Street	L SASBAR	Act - Long to the latest		
			37		
	A.		100	1 petition	
TI VAL	نار و دے داردو	50	SELEX F	4:42 (1)	
	Page 14 Let			18-05-11	" distribut
			SABAST FORT	3555	Carlo Otto
			4		to see the life

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH**

13425

	17 17				Reg. Ditt. 110.	
1. PLACE OF DEATH o. COUNTY	Baltimore	MARYLAND		ere deceased lived. If institution and b. COUNTY	on: Residence before odmi	rge
b. CITY OR TOWN ( RURAL and give n	(If autside carporate limits, writ becrest tawn) CONSVILLE	c. LENGTH OF STAY IN 1b 2mth13dys	c. CITY OR TOWN (IF or Hyattsvil	le, Mary land	URAL and give nearest taw	3 -2
OR INSTITUTION	TAL (If not in hospital, give stre GROVE STATE	HOS PITA L	d. STREET ADDRESS 4321 Mad	ison Avenue	ON	A FARM?
3. NAME OF DECEASED (Type or print)	First Percy	Middle Be	eresford	4. DATE OF DECEMBE	er 19	Year 19 60
5. SEX male	72.1	ARRIED   NEVER MARRIED   DWED   DIVORCED	8. DATE OF BIRTH May 22, 1881	9. AGE (In years last birthday) 79 yrs.	Manths Days Hours	
during most of war	ON (Give kind of wark dane liking life, even if retired)	0b. KIND OF BUSINESS OR INDU	Pennsy	lvan <b>ia</b>	U. S. A.	T COUNTRY?
13. FATHER'S NAME	0.00	0 1 1	14. MOTHER'S MAIDEN N	AME		
Unkn		Beresford	Unknown			•
15. WAS DECEASED EVE 1995, no or unknown)  unk own	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		cords: SPRIN	G CROVE STATE	HOSPITAL	
Canditions, if a gave rise to i cause (a), stating lying cause last.	DUE TO  DUE TO  DUE TO  The under-  (c)	Cardiac failure				
CATIC	No. of the last	NS CONTRIBUTING TO DEATH BUT			PERF	ORMED?
OR CONTRIBUTING	AS UNDERLYING [] 20b. E	DESCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in P	art 1 ar Part II of item 18.)		
20c. TIME OF INJUI Hour a.m. p. m.	Wh		ACE OF INJURY IHome, form, ictory, street, affice bldg., etc.		(County)	(State)
21. I certify the alive onBe	hat I attended the dece ec. 19, 19 Gulla W		occurred at 1:00F	ADDRESS (Street, city or town,	and on the date stat	ted abave. DATE SIGNED
PHYSICIAN'S NAME (Type)	Stella Wachs			ville28, Maryl		
Bremoval (Specify)	12-21-00	1 book Sun	1 Cerniting	22d tockville	To Maryl	and.
W. W. Che	inlus Co	. Riverdale	Md. DATE		STRAR'S SIGNATURE	

he funeral director, shauld be filed with ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4 may be retted by the hospital or attending physician.

O FUNERALL XECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after death. may be ref.

VS A15 (4) 15M 10/57

	HTM	30.70 BT/	NO STREET	13463
			dolument.	,
				ATTENDA VESTA DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DEL COMPANIA DEL COMPANIA DE LA COMPANIA DEL COMPANIA DEL COMPANIA DEL COMPANIA DEL COMPANIA DE LA COMPANIA DE LA COMPANIA DEL COMPAN
e				
				The second section of the
	Control of the contro			Beautiful Statement in Capture 1 (1) (Capture 1) (Capt
			b 1	

MARYLAND STATE DEPARTMENT OF HEALT

MAKYL	AND STATE DEPARTMENT OF	HEALIH
DIVISION OF STATISTICAL RESEARCE	H AND RECORDS, 301 W. PRESTON	STREET, BALTIMORE 1, MARYLAND 1342
13464	CERTIFICATE OF DEATH	1342

		Baltimore MARYLAND	e. STATE Maryland b. COUNTY Bal	timore
1	)	b. CITY OR TOWN (if outside corporete limits, write RURA) and give neorosytown)	c. CITY OR TOWN (If outside corporete limits, write RURAL end giv	e neerest town)
-	-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE
		8006 Highpoint Road	1 8006 Highpoint Road	YES NO
		NAME OF DECEASED (Type or print) Mr. Martin B	Last OF DEATH Decmeber 1	4 19 60
	5.	male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18.  white widowed Divorced Q	DATE OF BIRTH  9. AGE (In yeers   IF UNDER 1 YEA    1892	
	do	e. USUAL OCCUPATION (Give kind of work inpoduring most of working life, even if retired)  Retired (arpenter)	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN  Easton, Maryland U	SA
	13.	Joseph Bildstein	Mary Martin	
		WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. IN is, no, or unknown) [ (If yes give wer or detes of service)	IFORMANT Address	
	-	18. CAUSE OF DEATH (Enter only one ceuse per line for (e), (b), end (c).)	s. Nannie May Bildstein,	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) M.elan ou		9 wonth
		190 9 DUE TO		
		Conditions, if eny, which (b)		
		(e), steting the underlying DUE TO		
		couso lost. (c)		A LUCAS ALITORS V
0	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	PERFORMED? YES NO
		206. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Pert I or Pert II of item 18.)	
	MEDICAL		E OF INJURY (Home, ferm, 20f. (City or town) (County) ry, street, office bldg., etc.)	(Stete)
		21. I certify that (I) (this hospital) attended the deceased from		
		22e. SIGNATURE Delever	ATTENDING MED STAFF	22b. DATE SIGNED
		М.Д	PHYS. DIRECTOR PHYS.	15.1760
		PHYSICIAN'S NAME (Type) D2 JOS. SKLOVEN	7122 Herford Rol	
	23e	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O BURIAL (Specify) 12/17/60 Moreland Ma	em Park Baltimore, Mar	9
1	24	FUNERAL DIRECTOR'S SIGNATURE Leonard J. Ruck 5305 Harford Road	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGN Children S. H.	
	-			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Page may be retained by the hospital or attending physician.

Yes a death. Page may be retained by the hospital or attending physician.

Yes TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any perm within 72 hours after death.

\* 5, The Latinative Sept. 26, 1892 566 tradition, Transferra 15-1-15 - Thus, Counte have situated, seems of 10 2 1 232 per stant at the 20 as a waite of S LEGISTIC MEDICAL COLLEGE Surviel 12/17/16 Thoreland flow rever collinors, florigians Leoniera J. Ruck 5305 Heagand Road Sty ... Deale to the

VR A15 (4) 15M 9/59

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

13427

Н	1. PLACE OF DEATH o. COUNTY				2	USUAL RESIDENCE (W	here decease			before or	dmission)
	Baltin	nore		MARYLA	IND	Marvl	and	b. COUNTY	Balti	more	- 6
	b. CITY OR TOWN (If ou RURAL and give neare		ts, write	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (IF	outside corpo	prote limits, write R	URAL ond gi	ve nearest	town)
		ard, Mary	land	37 Days		Baltimor	6			310	1.4
	d. NAME OF HOSPITAL I	If not in hospital, g	ive street	oddress)		d. STREET ADDRESS					RESIDENCE
0		Administr	ratio	n Hospital		3/132 Pie	dmont	Ave			S NO N
	3. NAME OF DECEASED	Fir	st	Middle		Last	4. DATE OF	Mor	ith	Day	Yeor
B	(Type or print)	HORACE		W		BIVINS	DEATH	Decembe	r	4	1960
	5. SEX 6.	COLOR OR RACE	7. MARI	RIED NEVER MARRIED	8. [	ATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER 1		UNDER 24 HRS.
H	Male	Negro	WIDOW	ED DIVORCED	O M	ay 8, 1866		9/1 yrs.	Months [	Doys Ho	ours Min.
П	10o. USUAL OCCUPATION ( during most of working	Give kind of work	done 10b.	KIND OF BUSINESS OR			e or foreign o		12. CITIZ	EN OF WH	HAT COUNTRY?
	Soldier	me, even il renreo	,	U.S. Army		Accomack	Co V	li noti ni a	17	S.A.	
	13. FATHER'S NAME		-	O.O. ILLING		Accomack  4. MOTHER'S MAIDEN	NAME	TI STITE			
Ħ	Severn Bir	ri ne				Elizabet	h Dune				
	15. WAS DECEASED EVER IN	U. S. ARMED FOR		SOCIAL SECURITY NO.	17, INFO	DALANIT	cal Re	Anla	ress		
В	Yes	wwwSA	W		TTATE				ODM TIC	WARD	DIVITOR
П	18. CAUSE OF DEATH			ne for (o), (b), and (c).]	VAR	Baltimore	10, 118	ry rang-r	OUT HO	INTERVA	AL BETWEEN
	PART I. DEATH	WAS CAUSED BY:	Man d	NCHOPNEUMON	TA						AND DEATH
	1191	MEDIATE CAUSE (o	-	ARCHITOTEN PROBROM	I.A.					1	E.E.A.S
1	Conditions, if ony,	bisb \	TORTO	PERORRHAGTA						0.1	ONTHS
	gove rise to imm	ediote (		TOTAL CINICISTATO I DA					77.00	1 C M	UNTHS
	couse (o), stoting the lying couse lost.	under- I		DMYOMA OF TH	EST	MACH				HNK	NOWN
			·	CONTRIBUTING TO DEAT			AINAL DISEAS	SE CONDITION GIV	VEN IN PART	1(o) 19. V	VAS AUTOPSY
	CATIC				1-1			4.		P	ERFORMED?
	PART II. OTHER OF CONTRIBUTING U UF EITHER, NOTIFY MEI	NDERLYING CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCC	URRED. (	Enter noture of injury in	Port I or Po	rt II of item 18.)			
			ar 20d I	NJURY OCCURRED 26	De. PLACE	OF INJURY (Home, for	m. 20f. (Cit	y or town)	IC	ounty)	(Stote)
	Hour o. m.	19	While of wor	Not while		, street, office bldg., et		,,	(0.	, , , ,	(0.0.0)
		IR /at '. t				1 00 34	. (0 .	79 1	20 (	0 11 1	175 / 11
	21. I certify that (	(this naspital	) attend	ded the deceased fr	amU	20	50	Dec4	, 196	O that	(M (we) last
	22a_SIGNATURE	alive an	C. 4	17.0(). , and fi	nat dea	th accurred at A	_M, fram	the causes ar	id an the	date sta	22b, DATE
i	Frede.	-1.)		2.00	M.E	ATTENDING A	MED.	STAFF PHYS.			127576
	22c. PHYSICIAN'S			onalde.	M.L	22d. ADDRESVAH	Poltin		Momrle	ba	12/ )/0
П	FREDERICK	S. DONALI	CON	M D				rd x.Maxx			ion
	23a. BURIAL, CREMATION, REMOVAL (Specify)	12/8/1	1	23c. NAME OF CEMETE				TION (City, town,			(Stote)
	Burial 24, FUNERAL DIRECTOR'S SI	CNATURE				onal Cemeter		altimore	Ma:	rylan	id
				1808 N. Mon		00.	DEC 1 2		Strak's SIGI		
1	Arlington S.	Phillip	S	Baltimore 1	7. M:	arvland DATE	DEO				

the manner of the state of the WE TO THE THE PARTY OF THE PARTY OF THE PARTY. The state of the state of the state of tell a ry it ubsocrate, our will deat a line hardware are ablait gradual factorities and the way Le all course de l'article the result of account tell a supplication of appearance

Day

Doys

IS RESIDENCE

ON A FARM?

YES NO X

Yeor

INTERVAL BETWEEN

ONSET AND DEATH

UNKNOW

YEARS

PERFORMED?

YES X NO

22b. DATE

(State)

23d. LOCATION (City, town, or county)

Capolina 25b. REGISTRAR'S SIGNATURE

Orthur & Krased

North

250. REC'D BY REGISTRAR

DATE DEC 1 9 '60

IGNED

16/

60

(State)

19 60

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY Maryland b. COUNTY MARYLAND Baltimore b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) Baltimore 31 Days Fort Howard, Md. d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION 626 West Dennison Street Veterans Administration Hospital NAME OF 4. DATE First Middle DEATH (Type or print) LITRY BLOUNT . JR December 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX last birthdoy) Months Male Colored WIDOWED T DIVORCED | March 21.1921 Yrs. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Driver Truck Greene Co., N. Carolina U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Luby Blount Mittie Malone 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Clin. Rec. VAH. Baltimore 18. Md. Fort Howard Div. II Yes WW 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (o) RHEUMATIC VALVULAR DISEASE OF THE HEART BULLO RHEUMATIC PERICARDITIS Conditions, if any, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. MARKED HYPERTROPHY AND DILATATION OF HEART PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) foctory, street, office bldg., etc.) Hour o. m. While Not while at wark at work p. m 1960 to December 15 1960, that (h) (we) last 21. 1 certify that XI) (this haspital) attended the deceased fram November 14. 19 60 saw the deceased alive an Dec. and that death accurred at A.M. from the causes and an the date stated above. 22a. SIGNATURE ATTENDING PHYS. DIRECTOR [ M.D. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS Armen Bogosian M.D. VAH BAITIMORE MD. FORT HOWARD DIVISION

23c. NAME OF CEMETERY OR CREMATORY

**ADDRESS** 

VR A15 (4 15M 9/59

Baltimore 17, Md. Joe R. Joyner&Son, Farmville, M

23b. DATE THEREOF

23g. BURIAL, CREMATION.

REMOVAL (Specify)

24. FUNERAL DIRECTOR'S SIGNATURE

Arlington S. Phillips, 1808 N. Monroe St.

12-17-1960

28 KE THE WASHINGTON The second secon

Mark and the second second

ata crops. / mr

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13467 CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) a. COUNTY b. COUNTY e. STATE by the and 2 death. MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL and give naarast town) FORT HOWARD 5 BALTTMORE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS ADMINISTRATION HOSPITAL NORTH STRICKER VETERANS Campletely 3. NAME OF 4. DATE Month DECEASED OF (Type or print) DEATH CHARLITE W. BOOKER December and carbon within 9. AGE (In years | IF UNDER 1 YEAR | 5. SEX 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED last birthday) Months DIVORCED MARCH 9. MALE WIDOWED 12. CITIZEN OF WHAT COUNTRY? 10e. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) physicia JANITOR APARTMENT BUTLDING VIRGINIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending LOUIS BOOKER GEORGIA GUNN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address loval, (Yas, no, or unkown) | (Ifyes give wer or detes of service) YES WW-11 239-09-5926 CLIN REC permit. 18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c). by physicia PART I. DEATH WAS CAUSED BY: CELLULITIS OF THE GENITAL ORGANS AND LOWER ö IMMEDIATE CAUSE (e) signed burial-transit emation. ABDOMEN ending BILATERAL FIBROCASEOUS TUBERCULOSIS. LUNGS Conditions, if eny, which been geve rise to immediate cause XXXXXX (e), steting the underlying BRONCHOPNEUMONIA LOWER RIGHT LOBE PHYSICAL

the hospital or an

this certificate has has buri CERTIFICATION 8 0 EDEMA OF THE LUNGS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, ' 20f. (City or town) Month, Dey, Yeer factory, street, offica bldg., atc.) While Not While Hour a.m. 0 et work at work DIRECTOR: 21. I certify that 20) (this hospital) attended the deceased from Dec. ... 22. saw the deceased alive on Dec. 22e. SIGNATURE ATTENDING MED. STAFF 3 PHYS. DIRECTOR PHYS.

VAH BALTO 18 MD - FT HOWARD DIVISION ONSET AND DEATH WEEKS UNKNOWN UNKNOWN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED? YES X NO (County) (Stete) 150., to...Dec.....26....., 19.60, that () (we) last ittended the deceased from 1990 1990, to 1990, to 1990, that (12 (we) last 26, 1990, and that death occurred all 2, M, from the causes and on the date stated above. 22b. DATE SIGNED 27 - 60director, page be filed with the 22d. ADDRESS 22c PHYSICIAN BALTO 18 MD - FT HOWARD DIVISION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) 0 BURIAL BALTIMORE NATIONAL MARY LAND 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE N SCHROEDER ST DATE DEC 2 9 '60 Katie R. Williams 15M 9/60 a. Traced

e. IS RESIDENCE ON A FARM? YES NOTY

Yeer

19

U.S.A.

IF UNDER 24 HRS.

60

death. Page O FUNERAL VR A15 (4)

THE VILLAGE CTAIL IL

1 40

Com 13 m 35

Ob Si distriction de la constant de

10 EEE (2000)

TALES OF THE PROPERTY OF THE P

HEER TON THE WAS THE MEN AND THE MEN THE SAME LINE SERVICES AND THE THE THE SAME AND THE SAME AN

mator on skam dien in 123 to equal of the

100. 22, 110. 22, 110. 22, 110. 22, 110. 24, 110. 26, 1100. 26, 1100. 26, 1100. 26, 1100.

A COLUMN TO THE STATE OF THE ST

A STATE OF THE STA

TRUTAL AND SEE MARKET SUR SEED OF SEED

34 8122116

TRUCK THE

MARYLAND	STATE DEPARTMENT	OF	HEALTH—BALTIMORE,	18
13468	CERTIFICATE	OF	DEATH	R

13430

	keg. Dist. No.
1. PLACE OF DEATH COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Md e
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Woodlawn  c. LENGTH OF STAY IN 1b 20 Yrs.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Woodlewn
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 5425 W. North Ave.,	d. STREET ADDRESS  6. IS RESIDENCE ON A FARM? YES \( \) NO \( \)  VES \( \) NO \( \)
3. NAME OF DECEASED (Type or print)  John William B	Cossert 4. DATE Month Day Yeor OF DEATH Dec. 23, 19 60
	B. DATE OF BIRTH  July 14, 1895  9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Butcher  Meat	STRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY  U.S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Anton Bossert	Anna Hechmer
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN 10. or unknown) (If yes, give wor or dates of service) 219-16-7930 M	rs.Clare R.Bossert 5425 W.North ave.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO	INTERVAL BETWEEN ONSET AND DEATH 2-3 hum
Conditions, if ony, which gove rise to immediate couse (o), stating the under-	a generalized arterioschroas
OATI	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED for Hour o. m. 19 While Not while of work 10 to work	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
21. I certify that I attended the deceased from 11058	
alive an 12/22/60 , 19 , and that death	ADDRESS (Street, city or town, stote)  ADDRESS (Street, city or town, stote)
	Bulto 7 ma
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF BURIAL Specify 12-26-1960 Loudon Par	R CREMATORY 22d. LOCATION (City, town, or county) (Stote) R State
23. FUNERAL DIRECTOR'S SIGNATURE 3207 W. North a	240. REGISTRAR 24b. REGISTRAR'S SIGNATURE

# MIABO TO PRADUTURED - PARTY OF DEATH 115 17 The factor of many . . . . . . . Text Cours of Country of Carolina in Menso , we'll

they have the			

MEDICAL EXAMINER'S CERTIFICATE OF DEATH should be cremation Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY 3ACTIMURE o. STATE b. COUNTY MARYLAND burial, b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) . IS RESIDENCE ON A FARM? d. STREET ADDRESS 1411 good wood YES NO Z files NAME OF 4. DATE Month Day Year DECEASED OF DEATH (Type or print) STON 19 6 0 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months Days Hours WIDOWED [ DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY CITIZEN OF WHAT COUNTRY? 9 2 during most of working life, even if retired) puo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 4 may Pages 40 Poge 15: WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Give PM3 18. CAUSE OF DEATH [Enter only one cause per life for (o), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: mar IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which pencil alang gave rise to Immediate cause DUE TO (a), stoting the underlying couse lost. 0 Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY os PERFORMED? NO YES 🗍 CERTIFI 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port 11 of item 18.) pe PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Exami should 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Medical Page 3 sh factory, street, office bldg., etc.) Not while the g. m. at work at work p. m. 21. I certify that I taak charge of the remains described above, held an Autapsy \(\pi\), Inspection [ Inquiry and find that tate, writh forwarded Zethe Chief FUNERAL DIRECTOR: Natural causes / death resulted from: Accident . Suicide . Hamicide , Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER 12-19-60 DEPUTY **EXAMINER** NAME (Type DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 22b. DATE THEREON 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, down, or county) (State) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE DEC 2 2 '60 arthury & House SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

VS. A15ME(5

		154 - 101-10-20 10-10			
TENET.			STERNING TO	,	
			*		
on the hadring	135				
				on the Landson	
			ode Gett intrational Side (II) in 1977 (III)		
		9. A. C.			

VS. A15ME(S) 5M 9/55

13432

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 134 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

707 Murdock Road 707 Mu	IS RESIDENCE ON A FARM?
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  707 Murdock Road  3. NAME OF DECEASED (Type or print)  Theodora  Baltimore 12  d. STREET ADDRESS  707 Murdock Road  4. DATE Month Doy DECEASED (Type or print)  Boude DECEASED DECEMBER 13	IS RESIDENCE ON A FARM?
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  707 Murdock Road  3. NAME OF DECEASED (Type or print)  Theodora  d. STREET ADDRESS  Y  4. DATE Month Doy OF DECEASED (Type or print)  Theodora  December 13	ON A FARM?
OF DECEMBER 13	YES NO
C CEV / COLOR OR RECT. 7 WARRENT TO A STATE OF THE COLOR	Year 19 60
to bigliday	UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	VHAT COUNTRY
3. FATHER'S NAME Nathaniel H. Shaw 14. MOTHER'S MAIDEN NAME Mary Crowther	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES?  If you, give wor or dotes of services no. or unknown no lift you, give wor or dotes of services no.   16. SOCIAL SECURITY NO.   17. INFORMANT   Address   Miss Katherine S. Boude, 707 Murdock F	Road
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last.  (c)	) d Can
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. YES	PERFORMED?
206. EXTERNAL CAUSE WAS PRIMARY   ar CONTRIBUTING   CAUSE OF DEATH.	
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur o. m. While Nat while at work at work at work at work at work at work.	(Stote)
21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , a death resulted from Natural causes , Accident , Suicide , Homicide , Undetermined cause .	
SIGNATURE ALLES TO DOWNE ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY	3/60
22c. NAME OF CEMETERY OR CREMATION, REMOVAL (Specify)  BURIAL 12-16-60  Druid Ridge Cemetery  Pikesville, Md	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  Wm. Cook-Towson, 1050 York Road, Towson 4, Md  Date DEC 15'60  Cutling & Krand	

	T 34 / FE
The second secon	
Selection of the select	Code on a plan of the remaining to the second of the secon
or a serious C. S. Separation	and and and
	ford A telminate Common at
dean	SERVICE CONTRACTOR OF THE SERVICE OF
	und the second of the second
	COLUMN COLUMN COLUMN TO PART
	reducted resident and an enterior of the second section of the section of the second section of the second section of the section of the second section of the section of
Opening the carbon and	
to serve the state of the control of	Description of Description

#### ESTON STREET, BALTIMORE 1, MARYLAND 13433 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Rasidence before admission) a. COUNTY COUNTY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 b. CITY OR TOWN (if outside corporate limits. write RURAL and give nearest town d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) 3. NAME OF Middle DECEASED DEATH (Type or print) IF UNDER 1 YEAR 9. AGE (In years 7. MARRIED NEVER MARRIED and Months WIDOWED D DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Laboree 13. FATHER'S NAME please attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unkown) | (If yes give war or datas of sarvica GONGHAN 2817 ON the 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava risa to immediate causa DUE TO (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OF DEATH BUT NOT, RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING 1 + 20b. DESERISE HOW INJURY OCCURED. (Enter nature of injury In Part I or Part II of itam 18.) OR CONTRIBUTING EL CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (County) 20c. TIME OF INJURY Month, Day, Yaar 2Dd. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, 1 factory, streat, offica bldg, etc. While Not While Hour a.m. (1) (this hospital) attended the deceased from. DIRECT 3 should and that death occured at .... A.M., from the causes and on the date stated above. Ideceased alige on SIGNATURE тау ATTENDING STAFF MFD PHYS. PHYS. DIRECTOR M.D director, page be filed with the ZZc. PHYSICIAN'S 22d. ADDRESS

23c. NAME OF

e. IS RESIDENCE

19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

(Stata)

DATE

(Stata

23d. LOCATION (City, town or county)

25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE

DAREC 1 4 '60

Orthur S. Kraus

SIGNED

IF UNDER 24 HRS.

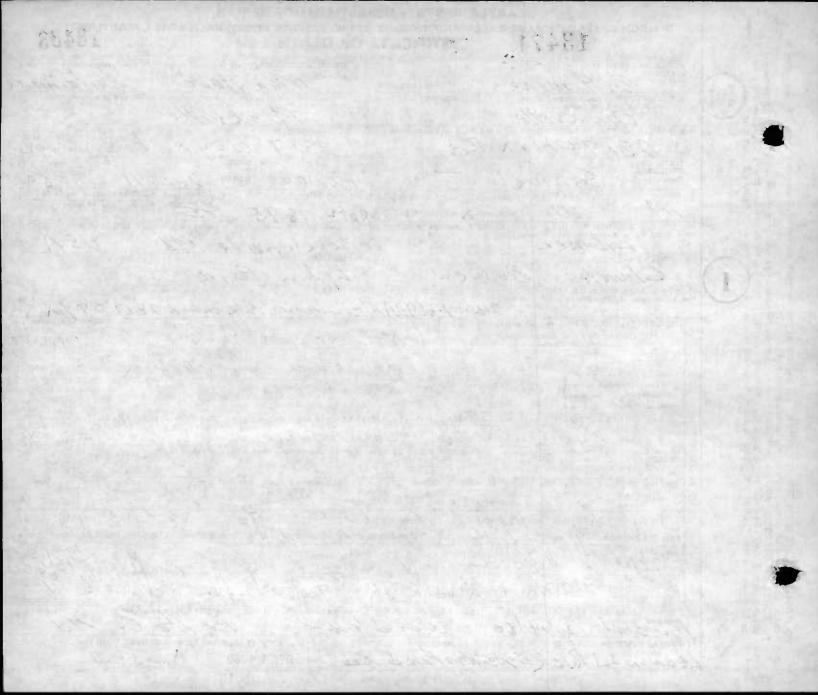
ON A FARM? YES NO

death. Pager. OL VR A15 (4) 15M 9/60

23a. BURIAL, CREMATION, | 23b. DATE THEREOF

REMOVAL (Spacity)

24 FUNERAL DIRECTOR'S



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

13434

-	-	-	-	
ï	A	1		1
1	1	Ÿ	I	1
				11

OSPITAL CARTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 y be retained by the haspital or attending physician.

UNERAL CARECTOR: After this certificate has been signed by the attending physician and campletely filled in bit is funeral director, age 3 shauld be detached for use as the burial-transit permit. Then please remaye arros papers. Pages 1 and 2 shauld be filled with State Board of Health priar to burial, cremation, ar remayal, and in any event, within 72 hours after death.

the

10 H	DIE	TO F	bad
VR 15	A	9/5	9

	1.14	1								
1. PLACE OF DEATH o. COUNTY Baltim	ore		MARYLAND	2. USUAL RES o. STATE		ere deceased	l lived. If instituti b. COUNTY	on: Residence		ssion)
b. CITY OR TOWN (	If outside corporate limi	ts, write	c. LENGTH OF STAY IN 16			utside corpor	rote limits, write R	CACAMINA TO THE REAL PROPERTY.		vn)
RURAL and give in	eorest town)		1. 2	Balt	imor	e (R1)	ral)	~		
d. NAME OF HOSPIT OR INSTITUTION	ral (If not in hospitol, g	ive street	address) WPS	d STREET					ON	SIDENCE A FARM?
3. NAME OF	Fir	- 4	Middle	1-		4. DATE	14-	41.	2	V
DECEASED (Type or print)	William		A .	Boykin,	Jr.	OF DEATH	12	-	12 -	19 60
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8. DATE OF BIRT	TH		9. AGE (In years last birthday)		YEAR IF UNI	7
Lale	White	WIDOWE	DIVORCED	June	30, 1	878	82 yrs.	M.OHIIIS (	July's Hours	Will.
10a. USUAL OCCUPATIO	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHP	LACE (Stote	or foreign co	ountry)	12. CITIZ	EN OF WHAT	COUNTRY?
Executi			Inegar Mfg.	No	rfolk	Va.		TI	SA	
13. FATHER'S NAME	. / ()	) V a	110501 1116	14. MOTHER					200	
1.1.2	772 ^	D1		רכד	incha	4-h 1.12	os + a haa	J T 222.	3	
15. WAS DECEASED EVE	Illiam A	BOY!	the state in the contract of t	INFORMANT	izabe	CIL WI	nitehea Add		111	
(Yes, no, or unknown)	(If yes, give war or dates of s	ervice)	מר מו במים	A. Wm.A	Rourk	in 11			11e,	M.A
Yes	SpanAme		-17-24 -212	721 WILL OIL	• DOY K	اد ماد اداد ماد	L.L Dut.	HOT. AT		
	ATH [Enter only one co	use per lir	ne for (a), (b), and (c).		. (	11	0		ONSET AN	
PARI I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	)	CA.	Mous	240	King.	in bost	7	30-1	in LL-
170	DUE TO		D +		1/1				la	21106
	Conditions, if ony, which) (b) (lefteres - delerose)									
	gove rise to immediate couse (a), stating the under-									
lying couse lost.		1	1111	acara	ulla	2				
PART II. OT		-	CONTRIBUTING TO DEATH BL	T NOT RELATED T	O THE TERMI	NAL DISEASI	E CONDITION GIV	EN IN PART	1(o) 19. WAS	AUTOPSY ORMED?
<u>S</u>									YES [	NO
U (IF EITHER, NOTIFY	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCURR	ED. (Enter noture	of injury in I	Part I or Part	t II of item 18.)			
WEDICAL TIME OF INJUST Hour o. m.	RY Month, Doy, Ye	or 20d. IN		LACE OF INJURY			or town)	(Co	ounty)	(Stote)
Hour o.m.	19	While of world	IAOI MUIS	octory, street, offic	e bldg., etc.	.)				
	. 40. 411. 1	-		6.67		1	1000 / 000	/		
		' /	led the deceased from				Nea (7			
	sed alive an, No	a 7	1960, and that	death accurre	ed at 1-1	M, fram	the causes ar	nd an the		
220. SIGNATURE	1911	0		ATTENDIN	IG MI	ED.	STAFF	0	2	2b. DATE SIGNED
11	MILLA	EL1		M.D. PHYS.	DI	RECTOR	STAFF PHYS.	sale	/3-	60
22c. PHYSICIÁN'Š NAME (Type)		/		22d. ADDI	RESS	0			<b>a</b>	-
Towne (Type)				/	408	Tat	& an	0 1	Delle	177371
230. BURIAL, CREMATIC		)F	23c. NAME OF CEMETERY	OR CREMATORY		23d. LOCAT	TION (City, town,	or county)	(St	ote)
REMOVAL (Specify)	72.71.	50	Druid Rid	~~			esville		50.2	
24. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS	26	25a. RFC'	D BY REGIST		STRAR'S SIG	NATURE	•
H.W.Jenki		s Co	1 000 00	Rd.				un 2 th		
II 944 9 GIIKT	1110 % 5011	3 00			DADEC	1 6 '60	Circi	2. 100	MANAGE.	
			Balto.12.	ALLO						

18101				•• · · · · · ·	,	
the sense of the s					-07-0	
	n de la					
	REF.					
	270120	100	o maria			
					47.4	
	iri I Degista. Set 6 y tilka		10-10			
K W.C.		12 14 14				
			<u> </u>			
S TO SEAL OF THE						
	12374					
		grain -	int tore			

director,

funeral

.0

filled

pup

physician

attending

death

ofter

state remave ithin 72 hours

a.

burial

Use

det 5

should

page

FUNER regi

0

VS A15 (4)

1SM 10/57

prior

any

filed

pe

0

ō

ofter death. Page

		3 70 Br	CERTIFICA	. ,			
						JEM)	
						in the second	
						-	
b b 6							
	A DESCRIPTION OF THE PROPERTY						
		The state of the s			MI WEST CALL		
						5.35%	

FOR STATE HEALTH DEPT

TO DEPUT. IEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any decise necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funation of the control of the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Fits pages 1 and 2 with the State Board Health, or its designated agent, prior to burial, cremation, or removal, and In any went within 72 hours after death. 0

VS. A15ME 5M 7/59

## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13436

347/	
1. PLACE OF DEATH 10 11	2. USUAL RESIDENCE (Where decaesed lived, If institution; Residence before admission)
DATEMONT	ARYLAND BALTIMORE
b. CITY OR TOWN (if outside corporata limits,   c. LENGTH OF	
writa RURAL and give nearest town)	Catonsville
Catonsville  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street e	
	ON A FARM?
1015, Cummings Ave	1015 Cummings Ave. YES NO
3. NAME OF First Middl DECEASED	la Last 4. DATE Month Day Year
(Type or print) DELROY	BROOKS December 3. 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MAI	RRIED   B. DATE OF BIRTH   9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS.
W 7	. Hours Min
Male   Negro   WIDOWED   DIVOI  OB. USUAL OCCUPATION (Give kind of work   1Db. KIND OF BUSINESS	
Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
	Baltimorem Maryland U.S.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Pleasant Brooks	Margaret Burts
15. WAS DECEASED EYER IN U.S. ARMED FORCES?   16. SOCIAL SECURIT	
Yas, no, or unkown) (Ifyasgivawarordatasofservica)	Manager D Aller 2076 Assessed on Asses
	Margaret B.Alsup 3016 Ascension Ave
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), an	ONSET AND DEATH
IMMEDIATE CAUSE (a) Gunshot	wounds of head.
DUE TO	
10.15	
gave rise to immediate cause	
(a), stating the undarlying DUE TO	
causa last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	YES 🔽 NO
20a. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING	OCCURED. (Enter nature of injury In Part I or Part II of item 18.)
20a. EXTERNAL CAUSE WAS PRIMARY 14 or CONTRIBUTING Shot in head	
20c. TIME OF INJURY Month, Day, Yaar   2Dd. INJURY OCCURRE	
6:45 A p.m. 12/3/ 1960 at work a swork	factory, streat, office bldg., atc.)
6:45 A p.m. 12/3/ 1960 at work at work	x home Catonsville Baltimore Md.
21. I certify that I took charge of the remains described	d above, held an Autopsy 🔀, Inspection 🔲, Inquiry 🔲, and in my opinion
death resulted from:   Natural causes   Accident	, Suicide . Homicide . Undetermined manner
1 4	CHIEF MEDICAL EXAMINER
ACTUAL ////	
SIGNATURE WELL OFFICE	M.D December 3 1060
EXAMINER'S LIZ 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
NAME (Typa) WIIIIam V. LOVICE, Jr.,	
2a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF REMOVAL (Specify)	CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
	0.3
BUR AL 12/7/1960   Mount	Calvary Amindel Co. Md
BURIAL 12/7/1960 Mount	Calvary Arundel Co. Md.
23. FUNERAL DIRECTOR ADDRESS t Balt	

ellivante) . Mr. spatians (III. oldi. Cimming .cloi A CONTROL OF THE PARTY OF THE P Duec.14, 1931 4 29 Paletamorey Maryland will dt.S. blooms dressed eva modermoan diff wanta. S sermand . Dated Constructed a patients of the second bsel ni vond Cocamban 3, 1960 The state of the s TURIELL 12///1960 - Mount Celvary Arendel Co. 50. Isalabit. Tround to the collection of the collec after death. Page 4

funeral director, uld be filed with

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

1	1347	CERTIFICA	TE OF DEATH	13437				
	1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution o. STATE b. COUNTY	: Residence before admission)				
	b. CITY OR TOWN (If autside carporate limits,	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RUR	(AL ond give nearest town)				
	Fort Howard, Maryland	7 Days	Baltimore (12)	3V01-6				
	d. NAME OF HOSPITAL (If not in hospitat, give OR INSTITUTION	street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?				
0	Veterans Administration	on Hospital	723 E. Belvedere Avenue	YES NO X				
	3. NAME OF First DECEASED	Middle	Last 4. DATE Month	-				
	(Type or print) NORMAN	EUGENE.	BROOKS, JR. December	er 5 1960				
	S. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years III	FUNDER 1 YEAR IF UNDER 24 HRS.				
	Male White w	IDOWED DIVORCED	April 27,1922   38 yrs.	Months Doys Haurs Min.				
	10a USUAL OCCUPATION (Give kind of work dan during most of warking life, even if retired)	e 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
	Engineer	Electronics	Baltimore, Maryland	U. S. A.				
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
1	Norman E. Brooks, Sr.		Ida Fox					
1	1S. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unknown)   (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17. IF	NFORMANT Clinical Records Address	is				
	Yes WW II	219-18-7521 VI	AH, Baltimore 18, Md. FORT HO	OWARD DIVISION				
	1B. CAUSE OF DEATH [Enter only one couse	per line for (o), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH				
	PART I. DEATH WAS CAUSED BY:	ARTERIOSCLEROTIC I	HEART DISEASE WITH MYOCARDIA	L UNKNOWN				
		SCARRING						
	Conditions, If ony, which	CONGESTION, VISCE	RA	RECENT				
	gove rise to immediate							
	lying couse lost.	UNKNOWN						
	PART II. OTHER SIGNIFICANT CONDIT	N IN PART 1(0) 19. WAS AUTOPSY PERFORMED?						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A PERFO YES CONGENITAL ABSENCE, LEFT KIDNEY  200. ACCIDENT WAS UNDERLYING COURSE OF DEATH 18.)  200. ACCIDENT WAS UNDERLYING COURSE OF DEATH 18.)  201. THE TOTAL ABSENCE OF DEATH 18.)							
	206. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) CR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
	20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m.	f.	ACE OF INJURY (Home, farm, 20f. (City or tawn) schory, street, office bldg., etc.)	(County) (State)				
	Hour o. m. 19	While Not while at wark at wark	ictory, sheet, office blogs, etc.)					
	21. I certify that (K (this haspital) of	attended the deceased fram.	November 29160 to December	5, 1960 , that (14 (we) last				
	saw the deceased alive an Decer	nber 5 1960, and that	death accurred a M. fram the causes and	an the date stated abave.				
	22a. SIGNATURE	) 11		22b. DATE				
	Vinderick O Va	nolder	M.D. PHYS.   MED. STAFF PHYS.	12/5/60				
9	22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS					
	FREDERICK S. DONALDS	ON. M.D.	VAH, BAITIMORE 18, MD. FOR	T HOWARD DIVISION				
	23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City, town, or					
	REMOVAL (Specify) Burial Dec. 9, 19	60 Saint Marys	(Hampden) Baltimore	Maryland				
	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY REGISTRAR 25b. REGIST	RAR'S SIGNATURE				
	Burgee Funeral Home Horace F/ Burgee Funera	Home 3631 Fells	Rd. Baltonie DEC 7 '60 Com	June S. Trouble				
	Horace T. Burges Timere	lee , jost ratte	Md/					
	11.0000	The state of the s	2.700					

TO HOSPITAL CATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs may be report by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in b page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 haurs after death. VR A15 (4) 1SM 9/59

TENCE				s de la companya de l	
			8.24 Y		
	3 2 21 48	PARK ALTON		all descent and a	C. 17.10
			T.EEU		
		Maria Arga			
		once talke	ED ROOM SEED,		
	ELTOLON I			Town Minds of the Control of the Con	
LATERAL OTHER	WHA DON'T HE			74 II	
SE HOLLING					
				The second	
			The same		
	100 TO 100 TO	OTHER O		. Digital . In the .	
Spiritoria				.00.	
		The state of the s			Delicity 1

TO HOSPITAL

VR A1S (4) 1SM 9/59

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

13438

1. PLACE C				HE TO BE THE		. USUAL RESIDENCE (W	here decease	d lived. If insti		ice before ad	lmission)
	ltimor				LAND	Maryland		Princ	e Georg		
b. CITY	OR TOWN (If L and give ne	autside carporate limi	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF	autside carpa	orate limits, writ	e RURAL and	give nearest	town)
	gs Mil			1 mo. 4 da	avs	District H	leight:	3	162	3 -	2
d. NAM	E OF HOSPITA	AL (If not in hospitol, g	give street	address)		d. STREET ADDRESS				e. IS	RESIDENCE
		tate Train	ing S	School		3314 Rosly	m Aver	nue		YES	N A FARM?
3. NAME C	OF ED	Fir	st	Middle		Last	4. DATE	1	Month	Day	Year
(Type or		Joseph	h	Lar	rv	Brown	OF DEATH		12	1.	19 60
S. SEX		6. COLOR OR RACE	7. MAR	RIED NEVER MARRIE	D 🛪 8. 1	DATE OF BIRTH		9. AGE (In year			INDER 24 HRS
Male		White	WIDOW		_	ctober 9, 1	1955	last birthda	y) Months	Days Ha	urs Min.
10a. USUAL	L OCCUPATIO	N (Give kind of work	dane 10b	. KIND OF BUSINESS O	R INDUSTR	Y 11. BIRTHPLACE (State	ar foreign c	ountry)	12. CITI	IZEN OF WH.	ATCOUNTRY
5.0	one	ing the, even it fellred	'	None		Bethesda.	Mary	and	II	S.A.	
13. FATHER	'S NAME			20110		14. MOTHER'S MAIDEN		Luiza	10.	J + 63 +	
Joga	nh Wil	liam Brown			- 1	Ruth Inez	Kach	Pararen			
IS. WAS DE	ECEASED EVER	IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO	. 17. INFO	RMANT	roen a		Address		
(Yas, no, or un	nknown) (I	If yes, give war or dates of s	ervice)			1 15					
No				None		sewood Recor	ds (	)wings	dills,	Maryls	
18. CA			use per l	ine far (a), (b), and (c).	]						L BETWEEN
1	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	BE	onchop.	2011	mania,	acut	0		3w	eeks
	191	DUE TO									
Cond	ditions, if an	y, which ) (b									
	rise to in	nmediate (									
	(a), stating t cause last.	he under-									
		ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	ATH RUT NO	OT RELATED TO THE TERM	AINIAI DISEAS	E CONDITION	CIVEN IN PAR	ZT 1(a) 10 W	AS ALITOPSY
CERTIFICATION CERTIFICATION (IF EITH	1 1	4.	0	1.1	<u> </u>	A A		al defic		PE	RFORMED?
5 Cer	rebral	spassic in	Kan	ie paralysi		retraplegi	a, micro	cephaly,	and	YES	NO V
OR CO	NTRIBUTING	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY O	CCURRED. (	Enter nature of injuty in	Part I ar Par	t II of item 18.)			
	HER, NOTIFY	MEDICAL EXAMINER)			3016						
		Month, Day, Ye		INJURY OCCURRED	20e. PLACE	OF INJURY (Hame, fare y, street, affice bldg., etc	m, 20f. (City	y or town)	((	County)	(State
WED	daur a.m. p.m.	19	While at wa	Nat while	lacial	y, sireer, dirice bidg., en	··/				
21 1		t /K (this hospital	1) atton	dad the desperad	from	11-1-19	600	12-4	- 10/	20 shart	12 (a) I
		ed alive an	2-4	- 1960, and	that dec	th accurred at /	M, from	the causes	ond on the	e dote sto	ted obove
22a. Si	GNATURE	, h .					1				22b, DATE
2	deve	and f. U	late	Rews	м.п	D. PHYS. D	AED.	STAFF PHYS.			SIGNE
22c. PH	HYSICIAN'S AME (Type)					22d. ADDRESROS	ewood &	State T	raining	School School	ol
		Edward J.	Mathe	ews, M.D.		Owir	ngs Mi	lls, Ma	ryland		
23a. BURIA	L, CREMATION	N, 23b. DATE THEREC	)F	23c. NAME OF CEMI	ETERY OR C		100	TION (City, tow			(State)
MO	VAL (Specify)	12-6-	60	asking	tour	MUTTE:	1	Aklin	9/100	2 1	a
24. FUNERA	AL DIRECTOR'S	SIGNATURE		ADDRESS		A 2So. REC	D BY REGIS	TRAR 2Sb. RI	EGISTRAR'S SIG	GNATURE	
11/11/	10/2	willes Pa	5/1	7 1/4 178	E 11)0	who DO DATED		-			
1900	100		" " "	11 w 001 AS C	MET BROWN	- ALEN	0 160		11 - 9 45		

, , The same of the sa a more to an experimental and the second second y y house the state that it is the state of the WHILE Extra Date Control of the graph of the second of the

	1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE b. COUNTY  Mary Land	e before admission)					
	b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town)	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	ive nearest lown)					
	Fort Howard, Maryland	l Day	717 South Ann Street, BAITIMORE	31					
	d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION	street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?					
0	Veterans Administration	on Hespital	717 South Ann Street 3/0/-	YES NO					
	3. NAME OF First DECEASED	Middle	Lost 4. DATE Month OF	Day Yeor					
	(Type or print) JOHN	S.	BRULINSKI December	11 1960					
E	5. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED		YEAR IF UNDER 24 HRS.					
	Male White w	IDOWED DIVORCED	January 5. 1918 42 yrs. Months	Doys Hours Min.					
	10a. USUAL OCCUPATION (Give kind of work don during most of working life, even if retired)	ne 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?					
1	Meat Cutter	Meat	Baltimore, Maryland U	. S. A.					
	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
	Stansislaus		Mary Kotula						
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES		FORMANT Address						
	(Yes, no, or unknown) (If yes, give war or dates of service	1113 A G DOLLA	nical Records, VAH, Balto, 18, Md., F	+ Howard Dir					
4	18. CAUSE OF DEATH [Enter only one couse		incar necorus, van, parto, 10, Mu., P	INTERVAL BETWEEN					
4	PART I. DEATH WAS CAUSED BY: A CIPTED MYETOTO I THILVENTA								
	2 0 4 IMMEDIATE CAUSE (o) ROUTE FITEBOLD ENGINEER								
i	, 3	1 DAY							
	gove rise to immediate	gove rise to immediate							
	couse (a), stoting the under-								
	(C)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY							
	E FAME II. OTHER SIGNIFICANT CONDIT	TONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?					
,	30. ACCIDENT WAS INVESTIGATED TO	A DESCRIPTION OF THE PROPERTY		YES NO					
	PART II. OTHER SIGNIFICANT CONDIT	B. DESCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in Part I or Part II of item 18.)						
	20c. TIME OF INJURY Month, Doy, Year	,	ACE OF INJURY (Home, farm, 20f. (City or town) (Co	ounty) (Stote)					
Я	20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19	While Not while of work of work	ctory, street, office bldg., etc.)						
8			December 10 160 December 11 160	Alexa (NC)					
i			leath accurred at P.M. from the causes and an the						
	220. SIGNATURE	and mar o	learn accurred atm, from the causes and an the	22b. DATE					
	Fre Carilla S.C.	an alle	M.D. PHYS. DIRECTOR PHYS.	12/12/60					
	22c. PHYSICIAN'S	TURENCE -	M.D. PHYS.   DIRECTOR PHYS.   22d. ADDRESS	12/12/00					
	FREDERICK S. DONALDS	ON. M.D.	WATE DATESTICATE TO THE WOLLD						
	230. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	VAH BAITIMORE 18 MD FORT HOWAR						
	REMOVAL (Specify)			(Stote) farvi and					
1	Burial   12/15/60	Holy Rosar	J-OCMC VOL						
1	Tohn Weber and Sone MO		256. REC'D BY REGISTRAR 256. REGISTRAR'S SIG						

The state of the s

#### FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours offer death. If any delay is necessary, please execute the lificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be a warded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State In Int of Health.

VS. A15ME 5M 2/57 or its designated agent, prior to burial, cremation, ar remayal, and in any event within 72 haurs after death

PLACE OF DEATH

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13478 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 3440

	. 0	COUNTY BALTIMORE MARYLAND	O. STATE MARYLAND B. COUNTY BALTIMORE
1	b	. CITY OR TOWN (If outside corporate limits, write FURAL ond give nearest fown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		BALTO CO. 10 YRS.	Towson, Mp 55
	d	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
	L	OBH RAVEH BLVD	1639 MUSSALA ROAD. YES NO BY
		NAME OF First Middle PECEASED Type or print)	Last 4. DATE Month Doy Year OF DEATH PARTY OF 19/10
	5. 5	77000	DATE OF BIRTH  9. AGE (In year) IF UNDER 1 YEAR IF UNDER 24 HRS.
	F	NAME WIDOWED DIVORCED	last birthday) Manths Days Hours Min.
8	100	USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTI	NOV 22, 1876. 62 Yrs. 12. CITIZEN OF WHAT COUNTRY?
	d	uring most of working life, even if retired)	
	13	HOUSEWIFE HOUSEWIFE	GERMANY. U.S.A
	13.	1 .	14. MOTHER'S MAIDEN NAME
	15	TERMAN LINDER WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 117. IN	INA HALLERMAN.
		no, or unknown)   [If yes, give wor or dates of service]	ERNHARD BUCHAL 1639 MUSSALA ROTTA
		18. CAUSE OF DEATH [Enter only one cause per line (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN,
		IMMEDIATE CAUSE (o)	14 Clerelosien Jedoen
		DUE TO () ON ON ON ON ON	T
E		Conditions, if ony, which gove rise to immediate cause	Trisucció dies
		(o), stoting the underlying DUE TO	
	z		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY
	CERTIFICATION	TAKE III. O INC. OF STATE CONTROL CONTROL TO SEATING STATE S	PERFORMED?
	5	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (FE	YES NO Per noture of injury in Port I or Port II of Item 18.)
		PRIMARY   or CONTRIBUTING   CAUSE OF DEATH.	
	MEDICAL	I. factor	CE OF INJURY (Home, form, 20f. (City or town) (County) (State)
	MEC	Hour o. m. While Not while of work of work	
		21. I certify that I took charge of the remains described obove	ve, held an Autopsy [], Inspection []. Inquiry [], and in my
		opinion death resulted fram: Natural causes . Accident	, Suicide , Hamicide , Undetermined manner
		(h) 11. = 10.	
9		SIGNATURE STRUCTURE STRUCT	M.D. CHIEF MEDICAL EXAMINER   DATE SIGNED
-		EXAMINER'S () 65 - 1/2 = FMID.	ASSISTANT MEDICAL EXAMINER
		NAME (Type) -/147/651-0 VOYOTE	DEPUTY MEDICAL EXAMINER (1)
	220.	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CRÉMATORY 22d. LOCATION (City, town, or county) (State)
		BURIAL DEC 26, 1960 LORRAINE PAR	K CEM. BALTIMORE CO. MD.
1	23. 1	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
X	1	arraya. Ein ovel toma 7401 Belais Road	FIG MD DATE 28 60 Circling & King

But the second of the second o AT me way no time triving the Zing Co. At

TO HOSPIT. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Past may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60 MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY 1911

Baltimore Maryland  Catonsville energy lower present lower with substance of the substance	B. COUNTY				2	. USUAL RES	SIDENCI	(Whera				Residen	ce before a	dmission
Cat Ona ville	a. COOI411	Baltimore	9	MARYLAI	D		Mary:	land	Ь	. COUN	TY	upoted		Y
Catoms wille  NAME of Porest Haven Nursing Home    Asker Address   Asker Address	b. CITY OR TOWN (in	f oulsida corporata limil:	5,	c. LENGTH OF STAY IN	1 1b	c. CITY OR T	OWN (If	outsida cor	porata lim	its, writa	RURAL ar	nd giva	naerest tow	(n)
d. SARE OF HOSPITAL OR INSTITUTION (if ne in hospite), give street address)  FORCET ADDRESS  3314 W. North Avenue  ONA ATTENDING  PROPER HAVEN NUTS   Middle  SADIE  SHIPLEY  BUCK  SALIE  SHIPLEY  BUCK  SALIE  SHIPLEY  BUCK  SALIE  SALIE		4 = 7				Baltimo	re	16		0	DVC	01	-4	
Forest Haven Nursing Home			not in hospit	tel, give street address)					UI)					
DECERSED (Type or print)  SADIE SHIPLEY  BUCK  DEATH  December 31 19 22  SERVING COLOR RACE 7, MARRIED NEVER MARRIED NE MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED	Forest	Haven Nurs	ing Ho	me		3314 W.	Nor	th Av	enue					
SADIE   SHIPLEY   BUCK   DEATH   December 31   19 6	NAME OF DECEASED	First		Middle		Last			44.7	Month		Dey	Yee	r
SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   18. DATE OF BIRTH   9. AGE (In years   18 UNDER 174 AR   FUNDER 24   Months   Days   Hours   Miles   Miles   Miles   Miles   Miles   Months   Mon		SADIE	E :	SHIPLEY		BUCK			н	Dec	ember	31	19	60
Female White widowed Divorced July 21, 1879 81 vs. Months Days Hours M.  Da. USUAL OCCUPATION (Give kind of work) note of working life, even ill refired)  None during most of working life, even ill refired)  None Baltimore, Maryland  Interving Buck  Inte	5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	K B. D	ATE OF BIRTH			9. AGE (	n yeers				
Baltimore, Maryland  Baltimore, Maryland  Baltimore, Maryland  It. MOTHER'S MANE  Irving Buck  S. WAS DICEASED EVER IN U.S. ARMED FORCES! (es., no, or unknown) [If yes; ive war or deles of service)  None  None  B. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (e)  DUE TO  Conditions, if any, which goes to get the forces (es.)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART III. MODING TO THE PROPERTY OF CONTRIBUTION OF THE PROPERTY OF CONTRIBUTION	Female					uly 21,	1879	9			Months	Days	Hours	Min.
Baltimore, Maryland   I. MOTHER'S NAME   II. MOTHER'S N			10b. KIN	D OF BUSINESS OR INC	OUSTRY	11. BIRTHPLACE	E (County	& State, o	r foreign o	country)	12. CI	TIZEN O	F WHAT C	OUNTR
14. MOTHER'S MANE   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. MAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   17. INFORMANT   18. ORUSE OF DEATH [Enter only one course per line for (e), (b), end (c).]   18. CRUSE OF DEATH [Enter only one course per line for (e), (b), end (c).]   18. ORUSE OF DEATH [Enter only one course per line for (e), (b), end (c).]   18. ORUSE OF DEATH [Enter only one course per line for (e), (b), end (c).]   18. ORUSE OF DEATH   18. OR CONTRIBUTING   20b. OESCRIBE HOW INJURY OCCURED   20c. PLACE OF INJURY (Homa, farm, 20t. (City or town)   18. ORUSE OF DEATH   18. OR SANDER VING   20c. PLACE OF INJURY (Homa, farm, 20t. (City or town)   18. ORUSE OF DEATH   18. OR SANDER VING   20c. PLACE OF INJURY (Homa, farm, 20t. (City or town)   20c. Interpretation   20c. Oruse   20c. PLACE OF INJURY (Homa, farm, 20t. (City or town)   20c. Interpretation   20c. Oruse   20c. PLACE OF INJURY (Homa, farm, 20t. (City or town)   20c. Interpretation   20c. Oruse   20c. PLACE OF INJURY (Homa, farm, 20t. (City or town)   20c. Interpretation   20c. Oruse   20c. PLACE OF INJURY (Homa, farm, 20t. (City or town)   20c. Oruse   20c. PLACE OF INJURY (Homa, farm, 20t. (City or town)   20c. Oruse   20c. PLACE OF INJURY (Homa, farm, 20t. (City or town)   20c. Oruse   20c. PLACE OF INJURY (Homa, farm, 20t. (City or town)   20c. Oruse   20c. PLACE OF INJURY (Homa, farm, 20t. (City or town)   20c. Oruse   20c. PLACE OF INJURY (Homa, farm, 20t. (City or town)   20c. Oruse   20c. PLACE OF INJURY (Homa, farm, 20t. (City or town)   20c. Oruse   20c. PLACE OF INJURY (Homa, farm, 20t. (City or town)   20c. Oruse   20c. PLACE OF INJURY (Homa, farm, 20t. (City or town)   20c. Oruse   20c. PLACE OF INJURY (Homa, farm, 20t. (City or town)   20c. Oruse   20c. PLACE OF INJURY (Homa, farm, 20t. (City or town)   20c. Oruse   20c. PLACE OF INJURY (Homa, farm, 2	2.00	iking me, aven n ramec	''			Balti	more	Mar	vland	3				
S. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  18. Not the Harroll—14 Edmondson Ridge Road  18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (e)  DUE TO  Conditions, if eny, which gover rise to immediate cause (a), isleting tha underlying couse lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT/RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTO PERFORMENT (IF IFTER, NOTIFY MEDICAL EXAMINES)  20c. TIME OF INJURY Month, Oay, Year While Not While et work at work at work for ever with the deceased alive on.  19. CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINES)  21. I Certify that (I) (this hospital) attended the deceased from	3. FATHER'S NAME	14												
S. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  Address  None  Non	Irving Buc		Henrietta Brown											
None	. WAS DECEASED EVE	ER IN U.S. ARMED FOR	CES?   16. Sc	OCIAL SECURITY NO.	17. INF	ORMANT				Address				
INTERVAL SETWEE   PART I. DEATH WAS CAUSED BY.   IMMEDIATE CAUSE (e)		tyes give war or defes of se		one	Mrs.	Nettie	Har	roll-	14 Ed	lmon	dson	Rids	re Ro	ad
PART I. DEATH WAS CAUSE BY.  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if eny, which gave rise to immediate cause (a), steing the underlying cause lest.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTO PERFORME YES NO  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTO PERFORME YES NO  20c. TIME OF INJURY MONIH, 0ay, Year Hour a.m.  p.m.  19 20d. INJURY OCCURRED While Indirectly stream, office bldg., etc.)  21. I certify that (I) (this hospital) attended the deceased from	B. CAUSE OF D	EATH [Enter only one										,		-
20s. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.)  20c. TIME OF INJURY   Month, Osy, Year   20d. INJURY OCCURED   20e. PLACE OF INJURY (Homs, farm, Pum, Pum, Pum, Pum, Pum, Pum, Pum, Pu	ceusa lest.	(c)_			0-12 Y	ELATED TO THE	E TERMINA	L DISEASE	E CONDITI	ON GIV	EN IN PAR	RT 1(a)   1	9. WAS A	UTOPS
20s. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.)  20c. TIME OF INJURY   Month, Osy, Year   20d. INJURY OCCURED   20e. PLACE OF INJURY (Homs, farm, Pum, Pum, Pum, Pum, Pum, Pum, Pum, Pu	PART II. OTHER		7.4										-	NO 1
21. I certify that (I) (this hospital) attended the deceased from 1960,	208. ACCIDENT WA	CAUSE OF DEATH	20b. OESC	RIBE HOW INJURY OCC	URED. (E	nter neture of in	njury in Pe	rt I or Pert	II of item	18.)				
saw the deceased alive on	Hour a.m.		While	Not While				20f. (Ci	ity or town	1)	(Co	unty)	T K	(State)
22b. SIGNATURE  22c. PHYSICIAN'S  NAME (Type)  22d. ADDRESS  23d. LOCATION (City, lown or county)  REMOVAL (Specify)  DUTIAL  4 FUNERAL DIRECTOR'S SIGNATURE  125e. REC'D BY REGISTRAR'S SIGNATURE			1 -							/				
ATTENDING MAD.  ATTENDING MAD.  PHYS.  DIRECTOR PHYS.  22d. ADDRESS  22d. ADDRESS  STAFF PHYS.  22d. ADDRESS  STAFF DIRECTOR PHYS.  22d. ADDRESS  22d. ADDRESS  23d. LOCATION (City, town or county)  EMOVAL (Specify)  Burial  Loudon Park Cemetery  Baltimore, Maryland  ADDRESS  25e. REC'D BY REGISTRAR'S SIGNATURE  ADDRESS  25e. REC'D BY REGISTRAR'S SIGNATURE	saw the deceas	ed alive on	1.31	19 6.U, and	that de	ath occured	at3.	OM, fro	m the c	auses	and on	the da		
NAME (Type)  So. BURIAL, CREMATION, 23b. DATE THEREOF  REMOVAL (Specify)  DUTIAL  LOUDON Park Cemetery  Baltimore, Maryland  FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  25c. REC'D BY REGISTRAR'S SIGNATURE	1/16	n Alla	nel-		M.D.	PHYS.		Ð. ECTOR					1/1/	OATE SIGN
Benoval (Specify) 1/3/61 Loudon Park Cemetery Baltimore, Maryland 4 FUNERAL DIRECTOR'S SIGNATURE  ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE		JK Shi	7W			5801	t En	eres W	aser	Ros	1 /5	all	1.28	10
Funeral Directors Signature Address 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	38. BURIAL, CREMATI	ON, 236. DATE THER	EOF	23c. NAME OF CEMET	TERY OR	CREMATORY		23d. LO	CATION (	City, tov	vn or coun	ity)	(3	late)
4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	Burial Burial	1/3/61		Loudon Par	k Ce	meterv		Bal	timor	re. I	Marvl	and		
DATE TAN 3 61 Callent Health	wm.g.	LEBYEN Y	Some	ADDRESS	-	2.		BY REGI		5b. REC	GISTRAR'S	SIGNA		No.

enumy nation . Plat Carlotte Car THE STATE OF THE S Section 18 to 18 feet of lines to 11 county of Marial Sister of the County LEVEL BERTHAMPTON TO BE THE STATE OF THE STA White From Statement it "Care Day Walter State The second second second - 12/34 CENTERS The Same of Fred and The Same THE TAX PARTY OF THE PARTY OF T The Process, who is the second office of south a subject to the second of the second o tom got above the test of the

34 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town) MIDDLE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS MARTINS YES NO YERSID dir File NAME OF Middle DATE Doy Month funeral DECEASED (Type or print) DEATH 605 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. lost birthday) Months WIDOWED [ MALE DIVORCED WHITE 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) m 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo puo MARYLAND LORD GLENN MARTIMS 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME may BU605H Poges oge 5 r 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes, give war or dates of service) Give INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause olong DUE TO (o), stating the underlying cause lost. Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY os PERFORMED? 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of item 18.) 20g. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING CAUSE OF DEATH. should 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, i 20f. (City or town) (County) factory, street, office bldg., etc.) Not while o. m. at work at work Medic p. m. 21. I certify that I took charge of the remains described above, held on Autopsy ... Inspection 1 Inquiry 7 and find that DIRECTOR: deoth resulted from: Notural couses Suicide . Homicide . Undetermined couse DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER FUNERAL avai EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER 22g. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) for REMOVAL (Specify) 0 CEMETER EMOVAL 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE FC 1 6 '60 Onibur & Thank

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Yeor

19 60

NO

(Stote)

VS. A15ME(5) 5M 9/55

MASS.		THE STATE OF THE S
The second second		O-CHANGE TO THE COURT OF THE CO
	2 E 12 20 E 10 E	
	The state of the s	
1815 - TR		

13481 CERTIFICA	TE OF DEATH	10310
1. PLACE OF DEATH  o. COUNTY  BALTIMORE  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Reso. STATE  DRRYLIND  b. COUNTY  3. USUAL RESIDENCE	ALTIMODI-
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  COCKEYSUIL LE  4 YEARS	c. CITY OR TOWN (If autside corporate limits, write RURAL of	and give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION OR INSTITUTION OR INSTITUTION OR INSTITUTION	d. STREET ADDRESS SVO1 -	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle	BURKE 4. DATE Month OF DEATH DEC	Day Yeor 12 19 60
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH  3-1-1880  9. AGE (In years lost birthdoy)  Mont	The Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)  SALES MA  N	JSTRY 11. BIRTHPLACE (Stote or fareign country)  12.  VIRO-INIA	CITIZEN OF WHAT COUNTRY?
TAMES E BURKE	14. MOTHER'S MAIDEN NAME A LMEDA ROS	SEN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II  (Yes, no, or unknown) (If yes, give war or dates of service) 2/2-30 -5357	Frank L. Smith J. Address	keywille, neg
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY:  AMMEDIATE CAUSE (o)  HEART	FAILURE	INTERVAL BETWEEN ONSET AND DEATH
Canditions, if ony, which)  DUE TO  HYPERT ENSIVE	A RIERIO S'LEROTIC CARDIO	4YEAR;
	ASCULAR DISEASE	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Part II of item 18.)	
	LACE OF INJURY (Home, farm, 20f. (City or town) octory, street, office bldg., etc.)	(County) (State)
21. I certify that (I) (this haspital) attended the deceased from sow the deceased alive on 12-9 1960, and that	12-5 1056, to 12-11 1 death occurred of 2-5M, from the causes and on	
220. SIGNATURE hauto 1. (Cues	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR TO PHYS.	12/12/6 0.
22c. PHYSICIAN'S NAME (Type) WALTER T. KEES	22d. ADDRESS CO CIKEY SUILLE	MD
236. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY CONTROL SPECIFY 12-14-60 Parkwood Ce		
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm.Cook, Inc., 1217 St. Paul Street	250. REC'D BY REGISTRAR 25b, REGISTRAR	S SIGNATURE

TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haumay be reported by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and the State Board of Health priar to burial, crematian, or remaval, and in any event, within 72 hours after death. VR A15 (4) 15M 9/59

after death. Page 4

and

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

RESCHALL STATE OF THE STATE OF	
	ADMINIST TRACE
	and 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	FR44814
	- 10 - 4 - 10 - 10 - 10 - 10 - 10 - 10 -
The state of the s	
THE RESERVE OF THE STATE OF THE	
	The state of the s
andrew colyst litt grades	end discourage in the second light that
	dread inclis the physical in

## FOR STATE HEALTH DEPT.

rector. Page your files.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is n execute the lificate, writing the word "pending" in pencil in Item. 18. Give Pages 1, 2, and 3 to the functor 4 should be rowarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a backletransit permit. File pages 1 and 2 with the State as or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13482 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 13444

				Tr			
g. COUNTY	Del +4-			G STATE	(Where deceased lived. If inst b. COUI	LITY	
h CITY OF TOWN	Baltin		c. LENGTH OF STAY IN 16	Md.		Balt	imore
and give nearest tov	in)	KORAL			(If outside corporate limits, wr	_	ve neurosi rown)
	IKESVILLE	f not in house	19 yrs.	d. STREET ADDRESS	Pikesville	o, Md.	. IS RESIDENCE
					abasala Da		ON A TARM?
707 Car			kesville 8		sbrook Rd.		YES NO
DECEASED (Type or print)	Firs		Middle	Lost	OF		Day Year
SEX	Alice	7 MARRIED	Olivia  N NEVER MARRIED   8	Butts	9. AGE (fin years	30.	19 60 AR IF UNDER 24 HPS.
		WIDOWED			feet birthday)	Months Day	
remale	White		DIVORCED		904   56 yr		LOT WALAT COUNTY
during most of work	ing life, even if retired)	TOD. KI					OF WHAT COUNTRY
Secre	tary		Baltio. Co.	1		0.	S.A.
	TT Camaca	3		14. MOTHER'S MAIDEN			
	H. Gessic		OCIAL SECURITY NO. 12. A	Alice		2011	0
(es, no, er unknown)	[If yes, give war or dates of :				Addre		sville 8,
No	None	21	7-30-294B	r.Koger E	. Butts,707	Carysb	rook kd.
	ATH [Enter only one cou				(		NTERVAL BETWEEN DINSET AND DEATH
PART I, DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Tax	ronary	Dochus	ann.		20 min
142	O DUE TO		/				
Conditions, if							
gave rise to imm (a), stating the							
cause fost.	(c).						
PART II, OT	THER SIGNIFICANT CON	DITIONS COL	NTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TER	MINAL DISEASE CONDITION (	GIVEN IN PART 1	o) 19. WAS AUTOPSY PERFORMED?
5	den	d.					YES NO
PART II. OT	NUSE WAS	b. DESCRIBE	HOW INJURY OCCURRED. (1	Enter noture of injury in P	art I or Port II of item 18.)		
		-	-Zet	ne			
20c. TIME OF INJI Hour a. m			IJURY OCCURRED 20e. PLA	CE OF INJURY (Home, for	rm. 20f. (City or town)	(County	) (Stote)
Hour a.m	10 201110	While at worl	Not while took	V			
	that I taak charge	of the re	emains described abo	ve, held an Autor	osy . Inspection S	Inquiry	N. and in my
opinion death	resulted from: 1	Natural co	suses R. Accident	, Suicide ,		-	
			-			The state of the s	
ACTUAL	2.2. Ca	eli	0_	M.D. CHIEF MEDICAL	EXAMINER [		DATE SIGNED
JOHATOKE		7		M.U.	CAL EXAMINER		12-30-36
EXAMINER'S NAME (Type)	D.D. Ca	ples.	MD.	DEPUTY MEDICA			12 0 60
20. BURIAL, CREMATI	ON. 226. DATE THEREO	-	2c. NAME OF CEMETERY OR		22d. LOCATION (City, lowr	or county)	(State)
REMOVAL (Specifing Burial	Jan.3,1	960	Woodlawn Co	emetenz			(5.5.5)
3. FUNERAL DIRECTO		1	ADDRESS		C'D BY REGISTRAR 246. REG	GISTRAR'S SIGNA	TURE
Frank	News	000	Wike Il	S DE DATE	Jan 2 '61		
1 .01.1	11. 10000	4	1 miles	D JAK AUIT	OAIT & OI	arthur 9	K

PARTICION EXAMINERS CERTIFICATE OF DEATH

		4,4 1 4	
Electric And Charles Control	. 300 000		
207 Comparing St. Eds.	Suff Lynest	t, de about	may 1951
THE RESERVE OF STREET		0.00	10000
THE RESERVE OF THE PARTY OF THE	•		
		Townstants	
All pineugayeas All a stall at a selding			
	ان	A STATE OF THE STA	
		W 20	
	The second second		
Market Company of the Market of the Company		OFFI F. SET	
guneral mental and partie may decide.			

TO FUNERAL TO HOSPITAL

VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

13445

13483	CERTIFICA	ATE OF DEATH		Reg. Dist. No.
1. PLACE OF DEATH 3 alting 16	MARYLAND	2. USUAL RESIDENCE (Where de a. STATE March	eceased lived. If institution:	Residence before admission)
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside	corporate limits, write RUR	AL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION  1001 W. Joppa Rd. T	owson. Md.	d. STREET ADDRESS	Insta Po	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Switch Print	y agrila	Calkins 4.10	ATE Month	/28 2 Yeor 60
PIA	RRIED NEVER MARRIED TO	8. DATE OF BIRTH  NUT 21 -191		FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUA OCCUPATION (Give kind of work done 10 during most of working life, even if retired)	Musclenan	STRY 11. BIRTHPLACE (Stole or for	eign country) K, N.Y	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME OCAL	Run "	14. MOTHER'S MAIDEN NAME	esine I	awter.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. gr/unknown) (It yes, give wor or dates of service)	6. SOCIAL SECURITY NO. 17. I	NFORMANT SZ, MOST	y Field	les
1B. CAUSE OF DEATH [Enfer only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	diffe for (a), (b), and (c).]	a, metas	tatic.	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse lost.	arcinom	a adenono,	Ridne	y 1/2 ign
PART II. OTHER SIGNIFICANT CONDITIONS  20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D	DISEASE CONDITION GIVEN	IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I	or Port II of item 1B.)	
Hour o. m. Whi		ACE OF INJURY (Home, form, 20fctory, street, office bldg., etc.)	. (City or town)	(County) (State)
21. I certify that I attended the decedalive an	ased fram Sure	occurred at GOAM,	from the causes and	that I last saw the deceased d on the date stated above
ACTUAL SIGNATURE PRECEDED	Jours!	M.D. 10/ 8. /	ESSIStreet, city of town, sta	Bul. 2 my
PHYSICIAN'S EVERED	12 D. 21	ONES		12/29/6
220. BURIAL, CREMATION, REMOVAL (Specify) 12/30/60	22c. NAME OF CEMETERY OF CONVENT CEMET		Ol W. Joppa F	county) (Stote) Rd. Towson, Md.
23. FUNERAL DIRECTOR'S SIGNATURE  6. Vermon Lemman. 4611	ADDRESS Park Heights.Ba	240. REC'D BY P	61	RAR'S SIGNATURE

		•		, <u> </u>
				14.7
			437	
	COLUMN TO SERVICE SERV			

13446

il director, filed with funeral pe P .⊆ 9 filled ofter physician hours attending à burial-transit certificate 50 det pe prior should the registrar FUNER m 0 VS A15 (4) 15M 10/57

death. Page

hours

Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Baltimore b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lawn) Catons ville d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE OR INSTITUTION ON A FARM? 3919 Park Heights Avenue SPRING CROVE STATE HOSPITAL YES TI NO T NAME OF 4. DATE Middle Year DECEASED OF DEATH Carrick Narra De ce mbe r 60 (Type or print) 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 B. DATE OF BIRTH 9. AGE (In years last bythday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days female white Nov. 30, 1879 WIDOWED T DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Washington, D. C. U. S. A. housewife Clerk Dept. Store 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unknown Elizabeth Soper -umlen own Wilbur E. Carter 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 12-09-1 SPRING unimewa No Records: GROVE STATE HOSPITAL 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Arterios clerotic cardiovascular disease IMMEDIATE CAUSE (o) **DUE TO** Generalized arteriosclerosis Conditions, if ony, which (b) gove rise to immediate DUE TO couse (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PEREORMED? YEST NO [ 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED Day, Year (County) (State) factory, street, office bldg., etc.) Hour a.m. Not while at work at work 1960 to Dec. 13 21. I certify that I attended the deceased fram Dec. 2 19<sup>60</sup> that I last saw the deceased Dec. and that death accurred at 11:55p.M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL GROVE 12-14-60 STATE HOSPIT AL PHYSICIAN'S Stella Wachsler, M. D. Catonsville 28, Maryland NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Woodlawn, Balto, Co. Md. Dec. 17, 1960 Woodlawn Cemetery Burial 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR Cemmon 4611 Park Heights, Balto. DATEDEC 1 5 '60

the fill his set		CERTIFICA		4	
			• • •		
		Market . I			
					STEEL WILL
					EN BEAS VI
	mac: Edwin eres	illest led line.			girlion F.14. at sector

VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1344

L	13485	CERTIFICA	ATE OF DEATH	100	Reg. Dist. No.
	PLACE OF DEATH O. COUNTY Ballinia	MARYLAND	2. USUAL RESIDENCE (Whe	re deceased lived. If institution b. COUNTY	n: Residence before admission)  Balline
	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF OU	tside corporate limits, write RL	JRAL and give nearest town)
	d. NAME OF HOSPITAL (If not in haspital, give street of INSTITUTION Butter P	oddress)	d. STREET ADDRESS	alter Roa	e. IS RESIDENCE ON A FARM? YES NO
1	NAME OF DECEASED (Type or print) Signature Sig	Middle C	arter	4. DATE OF DECEMBER	ar 31 1960
5.	SEX 6. COLOR OR RACE 7. MARR Female White WIDOWE	DIVORCED DIVORCED	B. DATE OF BIRTH Aug. 22, 1885	9. AGE (In years lost birthdoy) yrs.	Months Doys Hours Min.
100	a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Housewife	At Home		or foreign country)	U.S. A
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
	Christian Mast		Mal	linda Bears	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	Addr	ess
(Ye	83, no, or unknown) (If yes, give war ar dates of service)	None L	. M. Carter S	toney Batter 1	Rd.
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), staling the under-	lerio 2 cl	erolie C	Valser	ONSET AND DEATH
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS C  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	itrs	NOT RELATED TO THE TERMIN		EN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL C		_ Not while _ fo	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or lown)	(County) (Stote)
	21. I certify that I attended the decease alive on 12-30, 19  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	ed from 1-1	n occurred at 2P M.D. B		nd on the date stated above.  DATE SIGNED  12-31-6
220	o. BURIAL, CREMATION, REMOVAL (Specify) Burial 1-3-1961	22c. NAME OF CEMETERY C		22d. LOCATION (City, town, o	3 3 7 3
Z3.	EDINERAL DIRECTOR'S SIGNATURE	7401 Bolan	A DATE J	AN 5 '61	TRAR'S SIGNATURE

	A CONTRACTOR OF THE PROPERTY O	*	V The second	•	BUAN ADVISOR
			4m		5 1100000000000000000000000000000000000
	STATE OF THE STATE OF		And Miles House I.		Property of the Property of th
	Supply National	ADVISOR AT A		TO APPEAL TO THE	
				E Self House	
				Hell put hoos	
		6			
				à.	
	TODIO STATE PIO				
	THE STREET				
			15-27-28-28-28		
				( · · · · ·	
	<i>№</i>	100			
	*	and the second of the second o	Mark F		
		# T= TT			
		of with a property			
	et tokon Capit				
ACT OF STREET	all so has some all early				
	will no been seen and conti-	\\\		1	Contract Salling
				ES ESTATE	A CANTING
				181290	
				19/1/90	

11	1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
0 2	7	13486 CERTIFICATE OF DEATH  Reg. Dist. No. 13448
director filed with		1. PLACE OF DEATH O. COUNTY O. STATE D. COUNTY D. COUNTY O. STATE D. COUNTY
funeral uld be f		b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate_limits, write RURAL and give nearest town)
and the same of th		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION    STREET ADDRESSY   C. IS RESIDENCE ON A FARM? YES   NO   NO   NO   NO   NO   NO   NO   N
in 24 ho filled in ges 1 an		3. NAME OF DECEASED (Type or print) Howard. Castady, 4. DATE OF DEATH Day Year 1960.
pletely ris. Pag		5. SEX Hale 6 COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED NO D
execute and com an pape death.		100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?
sician a re carbo rs after	1	3. FATHER'S NAME LASSACY 14. MOTHER'S MAIDEN NAME LAVE
ing phy 72 hou	1	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Wife 181 Address fabrona
attending on within 72		18. CAUSE OF DEATH [Enter only one couse per line for (s) (b), ond (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  18. CAUSE OF DEATH [Enter only one couse per line for (s) (b), ond (c)
by the nit. The nit. The nor or a contract of the nit.	ĺ	Conditions, if ony, which) (b) Cot. Philmonale 2+ho
require on. n signec sit pern and in o		gove rise to immediate cause (o), storing the under:    Jying cause lost.   DUE TO   Ca lung chiefastario 8-10 his
physici physici nos been rial-tran		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO 1
tending ificate I the bu		20s. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
rational area of this cert in use as emation		20c. TIME OF INJURY Month, Day, Year Hour o. m.  p. m.  19  20d. INJURY OCCURRED While Not while of work of twork of twork of work of two
e haspid e haspid ched fo urial, ci		21. I certify that I attended the deceased from 172, 1960, to 172, 1960, that I last saw the deceased alive on 12, 1960, and that death occurred at 1030 MM, from the causes and on the date stated above.
CTOR be deto ior to b		ACTUAL FRANKA, Kasik M.D. 9005 HARFORD Rd. 124
RAL Should should istrar pr		PHYSICIAN'S FRANKT KASIK BALTO 14 Md.
moy be page 3 the regi	2	220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)  BURIAL (Specify) 12-18-60 MEADOWRIDGE ELKRIDGE MD.
VS A15 (4) 15M 10/57	2	3. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRES

VS A15 (4) 15M 10/57

8

13487 CERTIFICATE OF DEATH

Reg. Dist. No. 14573

ACTUAL SIGNATURE  M.D. SPRING CROVE STATE HOSPITAL 12-27-60  PHYSICIAN'S NAME (Type)  Stella Wachsler, M. U. Catons ville 28, Mary land  220. BUBIAL CREMATION, PRINCE (Store)  REMOVAL (Specify)  1. 31 - 6/  23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR'S SIGNATURE													
SUBJECT OF PART   CONTRIBUTIONS   CATONSVILLE   STATE HOSPITAL   CATONS   CATONSVILLE   CATONS   CATON			Baltimore		MARYL	AND					on: Residence	e before adm	ission)
d. NAME OF HOSTITAL (IP for in inequisite, give street address) SPRING GROVE STATE HOSTITAL    A STREET ADDRESS   STATE HOSTITAL   Cica   Cica		RURAL and give n	earest town)	s, write						ote limits, write R	URAL ond gi	ve nearest to	wn)
3. NAME OF DECEASOD (Type or print) DECEASOD (		d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, gi		address)		d. STREET					ON	A FARM?
The contribution of the		DECEASED	Firs	1				st	OF				60
Tarters Name  Saul Go  Is. WAS DECRASED FVE IN U. S. ARMED FORCES? Id. SOCIAL SECURITY NO. IV. INFORMANT  Records: SPRING GROVE STATE HOSPITAL  IR. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Bronchopneumohia  INTERVAL BETWEEN  ONSE! AND DEATH  ONSE!										last birthday)			
Saul Gico  15. WAS DECEASED EVER N. U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).]  18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).]  18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).]  19. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).]  19. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).]  19. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).]  19. CONGINION (c), which gover rise to immediate (course (o), toling the under course (o), toling toling the under course (c), toling tol	10a	during most of wor	ON (Give kind of work di king life, even if retired)	one 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHE						
Title   Cause of Death   Enter only one course per line for (o), (b), and (c).	13.	~	0				14. MOTHER						
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)  DUE TO  Canditions, if ony, which gove rise to immediate couse (o). Indied the under- lying couse lost.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	{Ye	s, no. or unknown)		rvice)		10		SPRIN	G GRO			PITAL	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  Dia be tes mellitus  20a. ACCIDENT WAS UNDERLYING DATE OF DEATH (FETHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.)  20c. TIME OF INJURY Month, Day, Year 19. While Not while of work of work.  21. I certify that I ottended the deceased from July 1, 19. 55, to Dec. 27, 1960, that I last saw the deceased alive on Dec. 27, 1960, and that death accurred at 10:156M, from the causes ond an the dote stated abave ADDRESS (Street, city or town, state)  ACTUAL SIGNATURE ACTUAL SIGNATURE ADDRESS (Street, city or town, state)  PHYSICIAN'S NAME (Type)  Stella Wachsler, M. D. SPRING ROVE STATE HOSPITAL 12-27-60  PHYSICIAN'S NAME (Type)  220. BUBLIAL CREMATION, REMOVAL (Specify)  221. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS (Street, city or town, state)  2224. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE		Canditions, if a gove rise to it couse (a), stating	ny, which the under-					diovas	cular	disease		OKSET AT	ID DEATH
20c. TIME OF INJURY Month, Day, Year Hour o. m. Hour o. m. 19 While of work of	CATION	PART II. OT		DITIONS C				O THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART	PER	FORMED?
21. I certify that I oftended the deceased from July 1 19 55, to Dec. 27 1960 , that I last saw the deceased alive on Dec. 27 1960 , and that death accurred at 10:152M, from the causes and an the dote stated abave ADDRESS (Street, city or town, state)  ACTUAL SIGNATURE		20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) (If EITHER, NOTIFY MEDICAL EXAMINER)											
alive onDec 27, 19.60, and that death accurred at10:15aM, from the causes and an the dote stated above ADDRESS (Street, city or town, state)	MEDICAL	Hour o.m.		While	Not while	Oe. PLA fact	CE OF INJURY ory, street, office	(Home, form, e bldg., etc.)	20f. (City	or town)	(Co	ounty)	(Stote)
	279	ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)	Stella Wa	_, 12.6	er, M. D.	death	occurred of SP	RING Consvil	ROVE S	the causes of cet, city or town, STATE HO.	nd an th state) SPIT AI	e dote sto	nted abave. DATE SIGNED 27–60
DATE	23.	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS			DATE					

	CATE OF BEATH	FILTERS 13	TRACT
of the off and the last of the first of the last of th			

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

A TANK OF A STATE OF THE STATE		CERT		
	A CONTRACTOR OF STREET			
			La de Lor	
			2013	
Land Carlotte	(M. 39, 200) 150 W			
	Constant			
				Live Break Creak vota Military Live Creak
the second section of				Till I mently
	Annual Strington	richard of		
	TOTAL STEEL STEEL STEEL STEEL			
		Photo C		

			+	om U H'dly	nco	77 19 91 60 4	+					
	1. PLACE OF DEATH	altimore		MARYL	AND	2. USUAL RESIDENCE (Whe		ed. If institution	-		sion)	
(E)		IL ULINOTE  N (If outside corporate limit	u urita la l	LENGTH OF STAY II		Maryla		at the contract that		imore	m1	
(IX)	RURAL ond give			r8mth27dy		Pikesvi			KAL one giv	ve negresi tow	n)	
7 1 1	d. NAME OF HOS	SPITAL (If not in hospital, g			3	d. STREET ADDRESS	Lie, mai	yrand		e. IS RE	SIDENCE	
214	OR INSTITUTION SPRING	SPRING GROVE STATE H		ITAL		907 0	Lmstead	Road			A FARM?	
	3. NAME OF First		st	Middle		Lost	4. DATE	Mont		Day	Year	
	(Type or print)	Georg	ge	Thoma	S	Clements	OF DEATH	Decem	ber	11	19 60	
2	5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE		B. DATE OF BIRTH		GE (In years		YEAR IF UND	ER 24 HRS.	
	male	white	WIDOWED T	DIVORCED		November 24	, 1873	86 87	Mollills D	rays Hours	Min.	
	10a. USUAL OCCUPA during most of w	TION (Give kind of work or rorking life, even if retired)	lone 10b. KINI	OF BUSINESS OR	INDUS	STRY 11. BIRTHPLACE (Stote of	or foreign count	γ)	12. CITIZE	EN OF WHAT	COUNTRY?	
-	plaster			om tructi	on	Virginia			U.	S. A.		
( "	3. FATHER'S NAME											
1	Unkr					Unknown	1					
-	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  Address  Address  Address  Address  Address  PRING GROVE STATE HOSPITAL											
I	IMOIDIII	1	un	KIIOWII	ne	cords: SPHING	i GRUVi	STATE	S HUS	PITAL		
		DEATH [Enter only one co								ONSET AND		
	PART 1. I	DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (6)	E	ronchopne	eumo	nia				4 da		
	1 42	DUE TO										
2	Conditions, if ony, which ) with Arteriosclerotic cardiovascular disease										years	
	gove rise to	immediate (			10.00							
-10	lying couse lo		G	eneralize	d a	rterioscleros:	is		1000	years	5	
	PART II. (	OTHER SIGNIFICANT CON	DITIONS CONT	RIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CO	ONDITION GIVE	N IN PART	1(o) 19. WAS PERFO YES	DRIMED?	
-	20g. ACCIDENT	WAS UNDERLYING []	20b. DESCRIBI	HOW INJURY OC	CURRE	D. (Enter noture of injury in P	ort 1 or Port 11 o	of item 18.)		1530	NO	
		WAS UNDERLYING [] NG [] CAUSE OF DEATH IFY MEDICAL EXAMINER)					T-L					
	Y 20c. TIME OF IN Hour o. I	n. 10	While of work	Not while		ACE OF INJURY (Home, form, tory, street, office bldg., etc.)		town)	(Co	ounty)	(Stote)	
	21 I certify	that (I) (this haspital	) attended	the deceased f	ram	May 4 19	50 ta 12	2/10/60	, 19	_, that (I)	(we) last	
		eased alive an 12				eath accurred at &	M, fram the	causes and	an the	date stated	d abave.	
1	220. SIGNATURE		1000	0.		ATTENDING		7.55		27	SIGNED	
	3	Kella WO	elle	ter	-		D. ECTOR	HYS.			12/11/	
	22c. PHYSICIAN' NAME (Type	S CTTILD	1. Sall	sler		22d. ADDRESS SPI	RING G	ROVE S	TATE	HOSPIT	AL /6	
		"STEUP	7 4 -				tonsvil	le_28, ]	Maryla	and		
36	239 BURIAL, CREMA	HON, 23b. DATE THEREO	F 23	C. NAME OF CEMP	ERY O	PCREMATORY	23d. LOCATION	(City town, o	county)	(Sto	ite)	
By	24. FUNPRAL DIRECT	OR'S SIGNATURE		ADDRESS -	-/		BY REGISTRAR		TRAR'S SIGN		1	
1	+ Are	4 H M.	12 le	1 12/	a sul	Il and DATE D	EC 1 5 '6	) 0	when &	. Thous		
	- Magge	1 1 1 1 1 1 1	N. C.	- LAN	200	7 4						

DUARE	STANDARD STANDARD	6372

301 W. PRESTON STREET, BALTIMORE 1, MARYLAND AND RECORDS. Division of STATISTICAL RESEARCH L EXAMINER'S C PLACE OF DEATH USUAL RESIDENCE (Whare dacassed lived, If institution: Residence before admission) is necessary, lirector. Page your files. Ird of Health, a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) writa RURAL and give neerast lown) 0W300 NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? State | YES NO T ould be executed within 24 hours after death. It any on 'in pencil in Item 18. Give Pages 1, 2, and 3 to the fund Office along with form PM3. Page 5 may be retained office along with the pages 1 and 2 with the State NAME OF Middle DATE Month Day OF DECEASED (Type or print) DEATH 1960 cell 5. SEX 6. COLOR ØR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if ratirad pages 1 J-UGINEEVING EDICAL EXAMINER: This certificate should be executed within event IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no. or unkown) | (If yes giva war or datas of sarvica) lone any CAUSE OF DEATH (Enter only one cause pageina for (a), (b), and (c).] INTERVAL BETWEEN -ONSET AND DEATH I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (a) DUE TO removal. Conditions, if any, which (b) gava rise to immadiata causa "pending" Medical Examiner's should be used as a DUE TO (a), stating the undarlying 0 cause last cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 19. WAS AUTOPSY CERTIFICATION PERFORMED? please execute the certificate, writing the word 4 should be forwarded to the Chief Medical E O FUNERAL DIRECTOR: Page 3 should be YES NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | should be forwarded to the Chief Me should be forwarded to the Chief Me FUNERAL DIRECTOR: Page 3 sho CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20a, PLACE OF INJURY (Homa, farm. 20f. (City or town) (County) (State) factory, street, office bldg., etc.) MEDI Whila Not Whila Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 1 and in my opinion Inquiry death resulted from: Accident Undetermined manner Netural causes Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S TO DEPUT NAME (Type) Address (Street, city, town, or county 22a, BURIAL, CREMATION. 22b. NAME OF LOCATION (City, town, or country) REMOVAL (Spacify) Ö FUNEBAL DIRECTOR ADDRESS REC'D BY REGISTRAR I 246. REGISTRAR'S SIGNATURE VS. A15ME DATE DEC 2 2 '60 5M 7/59 arthur & Kraus

MARYLAND STATE DEPARTMENT OF HEALTH

		MATE BULLY LA	1111 1010
	A STATE OF THE PARTY OF THE PAR		
Haragan			*
name i i i i i i i i i i i i i i i i i i i			

13452

L	13/01 CERTIFICATE OF DEATH
1	1. PLACE OF DEATH a. COUNTY Baltimers  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURA) and give nearest lown)  3 2 75 - 77 6 70 77 70 77 70 77 70 77 70 77 70 77 70 77 70 77 70 77 70 70
	d. NAME OF HOSPITAL (If nat in haspital, give street address)  OR INSTITUTION  OF A ROY  OF A RO
	3. NAME OF DECEASED (Type or print) HR RVEY  Middle COLLINS  4. DATE Month Doy Yeor DEATH Nec. 28 1960
	S. SEX  6. COLOR OR RACE  NEVER MARRIED  NEVER MARRIED  B. DATE OF BIRTH  WIDOWED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  P. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Days   Hours   Min.   Months   Days   Months   Months   Days   Months   Mo
	10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY IN BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  13. FATHER'S NAME  14. MOTHER'S NAME
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 18. SOCIAL SECURITY NO. (NY. INFORMANY)
	(Yes. no. agunthown) (If yes, give war or dates of service) Are Helen Davis, Parkton Ma.
ı	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if ony, which gave rise to immediate  (b)  Due TO  Canditions, if ony, which gave rise to immediate
	cause (a), stating the <u>under-</u> lying couse last.  DUE TO (c)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?  YES NO []
	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.)  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Doy, Year Haur o. m.  p. m.  19  20d. INJURY OCCURRED While Not while of work of wo
	21. I certify that (I) (this hospital) attended the deceased fram
	226. SIGNATURE  ATTENDING MED. STAFF SIGNED PHYS.
	22c. PHYSICIAN'S NAME (Type) A. M. FRANCE 22d. ADDRESS PARKTON Md.
-	230 EVRIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown, or county) (Stote)
	24. ALVERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRE

TO HOSPITAL OF ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the function page 3 should be detached for use as the buriol-transit permit. Then please remove carbon against. Pages 1 and 2 should be filled with the State Board of Health priar to buriol, cremation, ar removal, and in any event, within 72 fours of a death. VR A1S (4) 1SM 9/59

			1
	tor,	vith	X
	direc	ed v	+
	lo	De Fi	PX
	fune	Page 1	1
Y	41	sha	
•	n h	nd 2	0
	led i	5 1 0	ų.
	y fil	age	deat
	lete	rs.	fter
	omp	ape	Urs o
	puc	d up	2 ha
	ian	carb	Jair J
	hysic	dve	, wit
	d bu	ren	even
	endir	lease	ony
	e off	en p	e. P
	y the	F	, and
	ed b	rmit.	aval
o.	sign	it pe	rem
sicia	need	rans	TO A
phy	has k	rial-t	office
ding	ote	e bu	cren
aften	rtific	as th	riol,
20	is ce	use	to bu
pifa	er th	far	rior
e has	: Aft	ched	# P
y th	TOR	deta	Hed
may be reke by the haspital ar attending physician.	REC	page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filled with	the State Baard of Health priar to burial, cremation, ar remaval, and in any event within 72 haurs after death.
O. C.	0 1	plub	Baar
be re	VERA	3 sh	tote
Joh	F	age	he St
-	0	0	=

TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

VR A15 (4) 15M 9/59

	12/00	277337	CERTIFI	CATE	OF DEATI	H	-			
1. PLACE OF DEATH o. COUNTY	timore		MARYLA		USUAL RESIDENCE (No. STATE		d lived. If institution b. COUNTY	on: Residence		4
	(If outside corporate limits	, write c. LEN	NGTH OF STAY IN	1 1b	c. CITY OR TOWN (I		rote limits, write R			
Fort How	ard. Marylan	nd	5 days		Pasaden	a		0	2	X-
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, giv	ve street address			d. STREET ADDRESS	Dam 1.1	1.		(	RESIDENCE
B. NAME OF	Administra		Middle		RFD #9,	Box 41	Mon	th	Doy	Year
(Type or print)	IRWIN		G.	C	DURTNEY	OF DEATH	Decemb		17	19 6
. SEX		7. MARRIED	NEVER MARRIED	1	ATE OF BIRTH		9. AGE (In years	IF UNDER 1	YEAR IF L	JNDER 24 H
Male	White	WIDOWED T	DIVORCED		ept. 14. 1	889	7] yrs.	Months	Days He	ours Mi
a. USUAL OCCUPATI	ON (Give kind of work do	one 10b. KIND C	OF BUSINESS OR				ountry)	12.CITIZ	EN OF WH	AT COUNT
Retail -	king life, even if retired)  - Meat	Meat :	Packing		Pennsylv	ania		U.	S.A.	
B. FATHER'S NAME				11	. MOTHER'S MAIDEN		1			
?	Courtney				?					
5. WAS DECEASED EV	ER IN U. S. ARMED FORC		SECURITY NO.	17, INFOR	MANT Clinic	al Reco	ords. Add	ress		
Yes	WW-1		2-8013		Baltimore			HOWARI	DIV	ISION
	ATH [Enter only one cou								INTERVA	AL BETWEEN
Conditions, if a gove rise to cause (o), stoting lying couse last.	the under- DUE TO (c)									
Thrombo	HER SIGNIFICANT COND								P	VAS AUTOP ERFORMEDI S NO
1 200 ACCIDENT W	AS UNDERLYING 2 CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE H	IOW INJURY OCC	CURRED. (E	nter noture of injury i	in Port I or Part	t II of item 1B.)			
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Year 19	While _ N	OCCURRED 20 lot while		OF INJURY (Home, fo street, office bldg., a		or town)	(Co	ounty)	(St
21. I certify the	at <b>X</b> ) (this hospital) used alive an <b>Dec</b>	attended the	e deceased fr 960, and the	romD hat deat	accurred at P	60 , .ta I	the causes an	d an the	), that date sto	(we) I oted abo
220. SIGNATURE	les E. Le	De las	37.1	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		12/1	22b. DATE SIGN
22c. PHYSICIAN'S NAME (Type)	CHARLES E. R	OWAN, M	.D.		VAH, Fort	Howard	i, Md.			
23g. BURIAL, CREMATION REMOVAL (Specify Burial	23b. DATE THEREOF	1	NAME OF CEMET		ematory nal Cemete		TION (City, town, claimore	24	rvlan	(Stote)
24. FUNERAL DIRECTOR	e's Signature	Pâ	DDRESS Nor Baltime			C'D BY REGIST	RAR 25b. REGI	STRAR'S SIG	NATURE	

783181			
	MONEY TO SELECT		
kalmost et			110
			one americans
	A SECULAR PARTY.		Laidale erreis
	reduced AM		
	2 Sopt. II. 1869 11 21		Market No. elect
• 4			Jean - Distan
	To be all action in the same of the same o	Ercya galler	1-10-1
	ribbe S Joseph meldered - T. A.	Anti-	
10 00			
	. P. L. Proveni Proc. Like	N. W., LVSOP	. P. IS U. D. II
	erable from the	The stand Light	

The state of the s

a. COUNTY	Baltimor		MARYLA	- 11	a. STATE	DENCE (Wh	nere deceased	b. COUNTY		Tr	re admiss	ion)
b. CITY OR TOWN (I RURAL and give no	f outside corporate limi earest town)	its, write	c. LENGTH OF STAY IN	N 16			utside corpo	rote limits, write I	RURAL ond	give ne	arest town	1)
d. NAME OF HOSPIT OR INSTITUTION	Dunds AL (If not in haspital, g		address)		Dunda d. STREET A	DDRESS	71		1			IDENCE FARM?
3. NAME OF DECEASED (Type or print)	Abram Al		Middle		3021 Los	Dunds	4. DATE OF DEATH	Mai Dec		60	'	Year
5. SEX	6. COLOR OR RACE	7. MARR	NEVER MARRIED		ATE OF BIRTI			9. AGE (In years lost birthday)	IF UNDE Months			ER 24 HRS Min.
	and life, even it reffred	dane 10b.	KIND OF BUSINESS OR	INDUSTRY	ecembe 11. BIRTHPL	ACE (Stote	ar foreign co	ountry)9	-	TIZEN O	F WHAT C	OUNTRY
millwright  13. FATHER'S NAME		E	Beth Steel	1	4. MOTHER'S	MADEN	AME .					
George ( 15. WAS DECEASED EVE (Yes, no, or unknown)			SOCIAL SECURITY NO.	17. INFOI	RMANT BO	ertie	Amboo	Se Add	dress			
				Jan	nes A	Cix	3021	Dundalk .	Ave	LINT	ERVAL BE	TWEEN
	TH WAS CAUSED BY: IMMEDIATE CAUSE (c		ove far (a), (b), and (c).	y	Thu	om l	205/3	S.			SET AND	
Canditians, if a gove rise to i couse (a), stating	mmediote (	1	AVTEVIOSO	ckero	Tic	he	auta	doear	re	1	04	us.
ZOLY PART II. OTH	HER SIGNIFICANT CON		CONTRIBUTING TO DEAT	TH BUT NO	T RELATED TO	O THE TERMI	INAL DISEAS	E CONDITION GI	VEN IN PA	RT 1(o)	PERFO	AUTOPSY ORMED?
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OC	CURRED. (E	inter nature c	of injury in	Part 1 or Part	t II of item 1B.)				
Y 20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Ye	ar 20d. IN White of worl	Not while		OF INJURY (			or town)		(County)		(Stote
21. I certify the		l) attend	ed the deceased f		M - accurre	d at // 3/	M, fram	12/2 9 the causes a				we) las labave
220. SIGNATURE	und A.	lu	idrus	M.D	_	DI	ED.	STAFF PHYS.			12	BIGNED
22c. PHYSICIAN'S NAME (Type)	David 1	4-A1	ndrew		22d. ADDR	Dun	LAK	Ave	Do	nda	1/1/2	2/1
23a. BURIAL, CREMATIC REMOVAL (Specify)		OF O	23c. NAME OF CEMET					TION (City, town,	200	)	(Stat	re)
24. FUNERAL DIRECTOR		0770	ADDRESS		<del>UCIN</del>	250. REC'	D BY REGIST	Baltimore IRAR 256. REG Cirthu	ISTRAR'S	IGNATU	IRE	
ULITICA FU	nerst Home	2115	Dundalk Av	e			2 9 '60	Chil	w/7 & 7	traus		

director, ers. Pages 1 and may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the transfer of the property of the control of 's after death. page 3 should be detached for use as the buriol-transit permit. Then please remove the State Board of Health prior to buriol, cremation, or removal, and in ony event, with TO HOSPITAL

VR A15 (4) 15M 9/59

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4

124.31 CEPTI MAIS OF DEATH The second section of the second section is The same of the sa CHARLES AND THE STREET OF THE STREET

WITH					
T e					
pe	1	B			1
shauld	1	1	V _		)
anc 7		X			
Poges	deothy				
t. Then please remave carbon papers. Poges I and 2 shauld be filled with	State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death				
carbon	h CZ pic	1	I	-	1
remave	rent, with	1		-	
please	any e		1		
Then	ond in				
e 3 should be detached for use as the burial-transit permit.	'emoval,				
nsit	ar				
rial-tra	ation,		6	1	
nq s	crem			/	
s the	ig',				
use a	a bur		L		
for	iar t				
hed	th pr				
Jetac	Heol				
pe c	af				-
pla	oard			1	
sho	te B				
3	Sta				

1043.) CERIIICALE OF DEATH						
	1. P	PLACE OF DEATH	USUAL RESIDENCE (Where deceased liv	ved. If institution: Residence bef	ore admission)	
	0	O. COUNTY BALTIMORE COUNTY MARYLAND	O. STATE WARYLAND	6. COUNTY BALT IN	MORE	
1	b	b. CITY OR TOWN (If outside corporate limits, write RUBAL and give nearges town)	c. CITY OR TOWN (If outside corporate	a limits, write RURAL and give no	earest tawn)	
		PURAL - PIKESVILLE LIFE	KURAL-PI	IKESVILLE		
	0	d. NAME OF HOSPITAL (If nat in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	LANE	e. IS RESIDENCE ON A FARM? YES NO	
	_	CRADOCKLANE	1	(		
	0	3. NAME OF DECEASED (Type ar print) A RTHUR	RADOCK OF DEATH	DECEMBER	1 1960	
	S. S	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. P. WIDOWED DIVORCED A	ATE OF BIRTH P. 1869 9.	AGE (In years last birthday) Months Days	R IF UNDER 24 HRS Hours Min.	
	10a.	Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign coun	try) 12. CITIZEN C	A .	
1	13.	3. FATHER'S NAME	. MOTHER'S MAIDEN NAME			
1		THOMAS CRADOCK	SALLIE CAR	ROLL		
		5. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. RETAIL	R WYATT 1510 LOS	CUSTAUE RUXTON	u Mp.	
		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	7. 1		TERVAL BETWEEN	
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	timbosis	Or	SET AND DEATH	
		DUE TO	A A A		20 una	
		Canditions, if ony, which gove rise to immediate (b)	CIS		()	
	couse (a), stating the under- lying couse lost.  DUE TO  (c) Trunn Ema 1538					
	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE C	ONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY	
1	CATION	Ode			YES NO	
	CERTIFI		inter noture of injury in Part I or Part II	of item 1B.)		
	MEDICAL	20c. TIME OF INJURY Manth, Day, Yeor 20d. INJURY OCCURRED foctory  Haur o. m. 19 of wark at work	OF INJURY (Home, farm, 20f. (City or, street, office bldg., etc.)	r town) (County	r) (State	
		21. I certify that (I) (this hospital) attended the deceased fram.	m- 3 1935 100l	re 9 1960	that (1) (	
		saw the deceosed alive on well-6_19 60 and that deat	h accurred a 4 4 Nrom th	e couses and an the dat	te stated above	
		220 SIGNATURE Philliam M.D.	ATTENDING MED. PHYS. DIRECTOR	STAFF PHYS.	22b. DATE SIGNEI	
1		22c. PHYSICIAN'S NAME (TYPE) 1 - 3 T C \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	22d. ADDRESS	·	1 0	
		TAIMER F.C. WILLIAMS	Tiles	Ille,8.	Ma.	
	23a	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CE	REMATORY 23d. LOCATIO	ON (City, tawn, ar county)	(Stote)	
		BURIAL DEC. 12, 1960 ST. HOMAS HURCH	CENTIFE	RISON WAR	YLAND	
1	24.	24. FUNERAL DIRECTOR'S SIGNATURE	25g. REC'D BY REGISTRA			
	H	HENRY IVLIENKINS BOUSCO-7-103 YORK CD. BA	CT 12. DATE DEC 1 4 '60	arthur S. The	w.	

			E2181
A4.701.34			
	military and second		
	1001 44.0		E COMPANY
	an example		
		eath at 15 of	No la

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE 320 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institutions Residence before admission) Page a. COUNTY files. Health, Baltimore necessary Baltimore vland MARYLAND b. CITY OR TOWN (if outside corporate limits, rector. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give neerest town) your Baltimore Baltimore Boar d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 2 with the State P Regester Ave. YES [ NO A in pencil in Item 18. Give Pages 1, 2, and 3 to the fune Office along with form PM3. Page 5 may be retained ourial-transit permit. File pages 1 and 2 with the State covel, and in fury event within 72 hours after death. 3. NAME OF First Middle 4. DATE Month Dev Year DECEASED OF (Type or print) WILLIAM LER CROMWELL DEATH 1960 5. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Days Hours Min. Male WIDOWED DIVORCED hours after 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Hardware Salesman U.S.A. Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mildred Lee James Herbert Cromwell This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT Address Cockeysville [Yes, no, or unkown) | (Ifyesgivewerordetesofservice) Mr. Josias Cromwell, Ashland Rd. Yes 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN Office along v burial-transit p QNSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) d **DUE TO** removal, Conditions, if eny, which (b) d "pending" i Examiner's O e used as a by geva rise lo immediate cause DUE TO (a), stating the undarlying ŏ cause lest. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY CERTIFICATION PERFORMED? should be forwarded to the Chief Medical E. FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, cremail NO F 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Pert I or Part II of item 18.) PRIMARY TO OF CONTRIBUTING TO EDICAL EXAMINER: CAUSE OF DEATH. WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED lease execute is should be for SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S DEPUI NAME (Type) Address (Street, city, town, or county) 22a. BURIAL, CREMATION. DATE THEREOF 22d. LOCATION (City, town, of country) REMOVAL (Specify)
Burial Jan. 3, 1961 Baltimore, New Cathedral 0 Ö 54O 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME arthur & Thous Wm.Cook-Towson, Inc. 1050 York Rd. '61 5M 7/59 DATE AN

MARYLAND STATE DEPARTMENT OF HEALTH

IBASI - IMAIO		
enomial u	baatyber	enomities.
	Eslimore	neltinope
SI .sva	19386,97,808 4	
multer 31, and	ALLAMOND BEA	MATULIN.
	x Apr. I , 1911	efall edal
*	elulyriv en dh	e9 remarial
	Mildrel Lee	Lemes derested Brownell

,

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND Baltimore b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL ond give nearest town)
Rural: Towson Rural: Catonsville d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION Findowood Sanatoris d. STREET ADDRESS e. IS RESIDENCE Eudowood Sanatorium ON A FARAT 30 YES NO Maryland 3. NAME OF First Middle 4. DATE Lost Month Yeor Day DECEASED OF (Type or print) DEATH 1961 cacu SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 9. AGE (in years B. DATE lost birthday) Months Days Min WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Balto. Home ŏ ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME hours WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Rd. Catonsvil 1930 Altavue 2493Joseph Csisztu. 216 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (of DUE TO ony Conditions, if ony, which gove rise to immediate DUE TO cause (a), stoting the underpuo lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY remayol. PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or lawn) Day, Year 20d. INJURY OCCURRED (County) (Stote) nafi foctory, street, office bldg., etc.) a. m. Not while of work of work 21. I certify that I attended the deceased from (1) ta ...... 19 (), that I last saw the deceased and that death accurred at 7. P. M. fram the causes and an the date stated above. DATE SIGNED ACTUAL priar PHYSICIAN'S registrar NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) New Buria Cathedral 23 EUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D-BY REGISTRAR & REGISTRAR'S SIGNATURE Edmondson Ave. VS A15 (4) wilms of Trans DATE 15M 10/57

death. Page

filed

be

P

filled

and

physician 200

attending

signed

be

-transit been

buriol-

OS

RECTOR

moy be rel

0

be

3

à

<u>a</u>

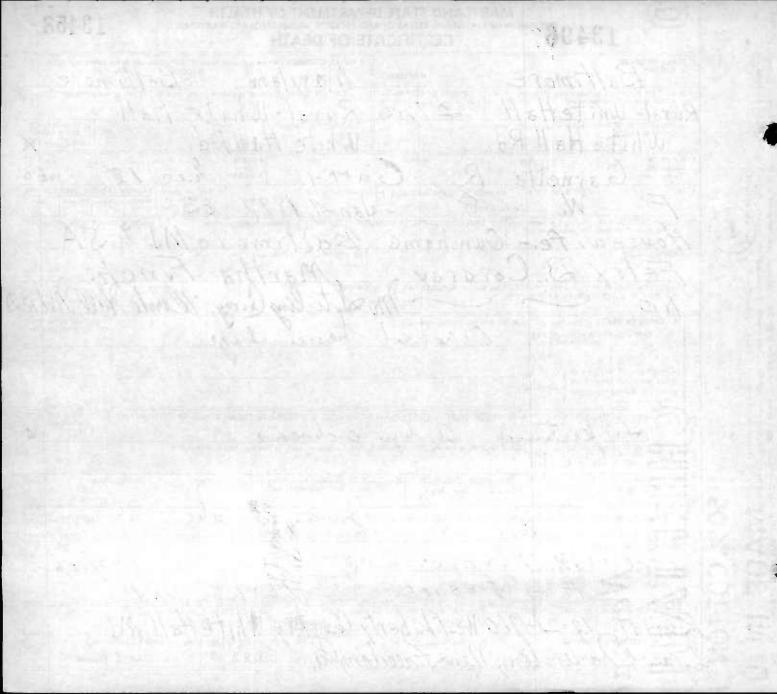
certificate

that á

	de la
	2 San 13 a 2
AND THE REPORT OF THE PARTY OF	
A little and the same of the s	
	Medical Control of the Control of th

	.5	and		
	<ul> <li>FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in I</li> </ul>	page 3 shauld be detached for use as the burial-transit permit. Then please remove carbøn papers. Pages 1 and	leath.	
	etely	Po .	ter d	
	campl	appers	urs of	1
	pue	He E	200	1
	an	carb	nin	
	ysici	ove	¥.	
	4d E	rem	vent,	
	nding	OSe	y e	
	atter	ple	in a	
	the	Ther	pup	
	l by	nit.	val,	
	gned	pern	ema	
	en si	nsit	0 10	
2001	bee	-tra	lan,	-
1	has	uria	emat	
,	cate	he b	, cre	
1	ertifi	ds t	urial	
;	iis ce	Use	to b	
2	er th	for	riar	
may be length of me mospinor or orienting priystrian.	Aft	hed	th p	
3	OR	letac	Heal	
1	RECT	be d	af h	1
27.5	Die	plu	oard	1
,	RAL	sha	te Be	
1	CNE	ge 3	Sta	
3	F	pad	the	

11/	PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
1	Daltimore MARYLAND	"Maryland b. could altimore			
	b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RUPAL and give nearest town)			
R	RURAL and give negrest town)  11 Te. Hall  2 Tyrs.	Runal-Illhite Hall			
	d. NAME OF HOSPITAL (If not in hospitat, give street oddress)	d. STREET ADDRESS			
	White Hall Rd.	White Hall Rd. VES NO			
	NAME OF Middle	Lost 4. DATE Month Day Year			
	OFCEASED (Type or print) Garnetta R.	UMY DEATH Nec. 18 196	0		
S. :	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 H			
	WIDOWED DIVORCED	Uan, 2/, 187/ 02, 71s.	١.		
100	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI- during most of working life, even invertised)	JSTRY 11 BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTI	RY?		
1	Mouseaute Own home	Baltimore/IId U.S.A			
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
L	Felix D. Cordray.	Martha Finch			
15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMAND + O Address + O A A			
	NO	1. Durling wery To but Hall Ma.	2		
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH	7		
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)	homerhage	_		
	331 X DUE TO				
	Conditions, if any, which (b)				
	gove rise to immediate cause (o), stating the under-				
	lying couse lost. (c)				
NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOP	SY		
NA ST	Helkertinging arteris	PERFORMED? YES NO.			
TIE	20g. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Part I or Part II of item IB.)			
OR CONTRIBUTING I CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)					
WEDICAL		LACE OF INJURY (Home, form, 20f. (City or town) (County) (Sto	ote)		
WED	Hour o. m.  p. m.  19 While Not while of work of work	octory, street, office bldg., etc.)			
	21. I certify that (I) (this hospital) attended the deceased from	June 197, to Alec 18, 1960, that (1) (we) to			
		death accurred al M, from the couses and on the date stoted obov			
	220. SIGNATURE	22b. DATE			
	C.M. France	M.D. PHYS. DIRECTOR PHYS.	IED		
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS			
	HAME (1990) /T. M. FRANCE	Harkton md			
230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d, LOCATION (City, town, or sounts) (Stote)			
15	24517 12-21-1960 West Liber	ly lemelery White Hall Mid.			
29	FUNERAL DIRECTOR'S DIGNATURE	250. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE			
1	Jacob Harlinslem, Henry Torle	Jam 19 DATE DEC 22'60 arthur S. Kraus			
- //					



VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

13497 CERTIFICATE OF DEATH

13459

1. PLACE OF DEATH o. COUNTY	Balto.		MARY		o. STATE Mai	(Where decease ryland	b. COUNTY		e before adn	nission) V
RURAL ond give r	(If outside corporate lim	its, write	c. LENGTH OF STAY		c. CITY OR TOWN (	(If outside corpo		RURAL ond gi	ve nearest to	own)
d. NAME OF HOSPI OR INSTITUTION	ITAL (If nat in haspital,	give street a	/ yrs.		d. STREET ADDRESS	-		77		RESIDENCE N A FARM?
	ella Maris	Hospid	ce			R.F	.D. # 2			□ NO X
3. NAME OF DECEASED (Type or print)	fi Marv	rst	Middle Fairbai	m Day	lost	4. DATE OF DEATH	Dec		Day	Year 19 60
S. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIE	D [ ] B. C	2/5/1877		9. AGE (in years last birthdoy) yrs.	IF UNDER 1		NDER 24 HRS
Registe:	ION (Give kind of work rking life, even if retired red Nurse	dane 10b. 1	(IND OF BUSINESS O	R INDUSTRY		ote or foreign o	ountry)	12.CITIZ	U.S.	A.
13. FATHER'S NAME	Richard D	avidso	on	1	4. MOTHER'S MAIDE	N NAME Maria T:	ilghman			
1S. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FOI (If yes, give wor or dates of	RCES? 16. S		. 17. INFO	RMANT		Add	dress		
	ATH [Enter only one o				Ac	dmission	n Records	5		BETWEEN
Conditions, if gove rise to couse (o), stoting lying couse last	the under-	D)D)	ONTRIBUTING TO DEA	3CV	T RELATED TO THE TE	RMINAL DISEAS	E CONDITION GI	VEN IN PART	PER	AS AUTOPSY RFORMED?
OR CONTRIBUTING	'AS UNDERLYING  G  CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY O	CCURRED. (	Enter noture of injury	in Port I or Par	t II of item 1B.)			
20c. TIME OF INJU Hour o. m. p. m.	10	While	IJURY OCCURRED Not while ot wark		OF INJURY (Home, f , street, office bldg.,		or town)	(Co	ounty)	(State
	at (I) (this hespits used alive an De Rober	2.3	ed the deceased 1955 69nd Mulli mon	fram that dea . M.D	ATTENDING ATTENDING PHYS.	MED. DIRECTOR D	staff PHYS.	12/d	date stat	
230 BURIAL, CREMATI		OF 1960	23c. MAME OF CEME	etery or c	REMATORY	23d JOCA	TION (City, town,	or county)	1	State) Vd-
John M 19	or town		ADDRESS	als,	md. DATE	EDER BEGIS	PAR 26b. REG	Istrar's sig	MATURE FURNIA	

		AUEND	
3			0.84
<i>X</i>			
	and the second		remail been also find
	C. And Albertall L. Commission of the		
	at most indicately		
	and the second and the Arch		
No.			
	AND THE STATE OF T	1 - VIII	

13460 Reg. Dist. No.

o.	COUNTY	Baltimore			MARYLAND	o. STATE M	ary.	land	b. COUNT	Bal	time	ore	
b.	CITY OR TOWN and give negrest to	(It outside corporate limits, writ	e RURAL	c. LENGTH O	STAY IN 16	1			orate limits, write				wn)
	Dunda	-1 /001		2 ye	ears	53	Dune	dalk	(22)				
d.		PITAL OR INSTITUTION (	- 22		oddress)	d. STREET AD	DRESS					e. IS RI	A FARM?
	1914	Crafton A	venue			1914	Cra	afton	Avenue			YES [	NO 10
3. N	AME OF	Fir	st	Mic	ddle	Last		4. DATE OF	Month	1	Doy	Y	'ear
	ype or print)	FRE	DERIC	K BF	ROWN	DAVIS		DEATH	Dec	embe	r 2	8,1	960
S. SE	X	6. COLOR OR RACE	7. MARRIE	D NEVER A	AARRIED   8	DATE OF BIRTH		1	P. AGE (In years last birthday)		TYEAR	IF UND	ER 24 HRS.
I	male	white	WIDOWED	DIVO	ORCED 🔲	March 1	9,18	380	80 yrs.	Months	Days	Hours	Min.
10a. l	USUAL OCCUPA	TION (Give kind of wark king life, even if retired)	done 10b. K	IND OF BUSINE	SS OR INDUST	RY 11. BIRTHPLAC	CE (Stote	or foreign co	untry)	12. CITI	ZEN OF	TAHW	COUNTRY
I	Electri	cian		ilroad		2.0	ryla	-		1	JSA		
13. F.	ATHER'S NAME					14. MOTHER'S M				File		150	
	W:	Illiam Dav	is			Eliz	abet	th B	rown				
	VAS DECEASED I	EVER IN U. S. ARMED FO	service)	SOCIAL SECURIT		NFORMANT			Address	Car II	3.1	1.10	1111
r	10		70	15-05-9	54q	D.L.Dav	is	7816	Schola	r Rd	. , Be	alte	0.22
1		ATH [Enter only one can	se per tine f	for (a), (b), and	(c).]			7			INTERV	AL BETWE	FN
	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	0	Ima	4 6	CCLU	510	N -					
	42	DUE TO	^	-	1, 11	. 1		1	, 5	-		- (	-
	Canditians, if		1	-0-	4 Ac	pirele	usu	1 6	U X	Isl	co	e	
	gave rise to imm (a), stating the							33	N. P.L. ST	7			
	couse last.	(c)	)										
S S	PART II. O	THER SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO	DEATH BUT N	OT RELATED TO TH	HE TERMII	NAL DISEASE	CONDITION GIV	EN IN PART	1(0) 19.	WAS PERFO	AUTOPSY RMED?
3					1					11.13	YI	s 🔲	NO []
2 P	Oo. EXTERNAL C	ONIKIBUTING L	b. DESCRIBE	HOW INJURY	OCCUPRED. (E	inter noture of injur	ry in Port	TorPort II o	f item 18.)				
3	AUSE OF DEATH	н.			VC	NE							177
	Hour a. m		ar 20d. II While	NJURY OCCURR	Enne	CE OF INJURY (Ho	me, form,	20f. (City	or town)	(Cou	nty)		(Stote)
WEDI	Hour a. m			rk at work					17 July 1				/
1	21. I certify	that I taok charge	of the r	emgins desc	cribed obo	ve, held an A	Autopsy	/ 🔲, Ins	spection .	Inquiry	Y D	and	find tho
	death resulte	ed from: Notural	couses [	Acciden	ıt 🔲, Sui	cide 🔲, Ho	micide	, Un	determined c	ouse []			
	1	ma	X	1 11 -	t								
	ACTUAL SIGNATURE/	1/110	D	NON		_M.D. CHIEF ME	DICAL EX	AMINER [				DATE S	IGNED
	EXAMINER'S			743734		ASSISTANT	MEDICA	L EXAMINER			7:	100	9/60
	NAME (Type)	Melvin B	. Davi	s.M.D.		DEPUTY M	EDICAL E	XAMINER 💂			т. с	-/ -	77 00
220.	BURIAL, CREMAT	TON, 22b. DATE THEREC	OF	22c. NAME OF	CEMETERY OR	CREMATORY		22d. LOCATI	ON (City, town, o	or county)		(State	9)
Bu	ırial	12/31/	60		awn C	emetery		Balt	imore	Coal	Very	rlar	nd
	UNERAL DIRECTO			ADDRESS		2.		BY REGISTR	AR 24b. REGIS	TRAR'S SIG	NATURE		
Va]	Lter Br	rooks Brad	ley, I	.nc., Du	indalk	22, Md c	DATE DA	EC 3 0 6	a	rimus S.	Frau	A	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

VS. AISME(S) SM 9/55

		U. EXAMINER		
			* ;	
	first motor			
				OTHER CARE PROPERTY
	AND THE STREET			
				THE MILES OF
William St.				
				Don't I
		# * *		

executed within 24 hours after death: Page 4

TO HOSPITAL

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

H	-		13498			E OF DEAT			Reg. Dist.	No.	461
	1.	o. COUNTY Ba	ltimore	MARYLANE	- 11	o. STATE Mar	here decease yland	d lived. If institution b. COUNTY		before admis	sion)
		RURAL and give n	If autside corporate limit eorest town)		1	c. CITY OR TOWN (IF			URAL and giv	e nearest tow	m)
	H	Catons		11 days	1	d. STREET ADDRESS	w, Mar	yland			
1	L	OR INSTITUTION SPRING GF	TAL (If not in hospital, gi	HOSPITAL			e and	Pfeffers	Rd.	ON	SIDENCE A FARM? NO
	3.	NAME OF DECEASED	Fire			Last	4. DATE	Mont	th	Day	Yeor
		(Type or print)	Kay	Glenn	1	Decker	DEATH	Decem	nber 20	0	1960
	5.	SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED	8. C	ATE OF BIRTH		9. AGE (In years lost birthdoy)	-	YEAR IF UND	
		male	white	WIDOWED DIVORCED		Aug.19, 18		63 yrs.	Months D	ays Hours	Min.
	100	during most of wor Machinis	king life, even if refired)	one 10b. KIND OF BUSINESS OR INI Carpentry	OUSTRY	Pennsy				S. A	T COUNTRY?
	13.	FATHER'S NAME		oar points		4. MOTHER'S MAIDEN					•
	E	Charles	Decker				ith Pu	ff			
1		WAS DECEASED EVE	R IN U. S. ARMED FOR		INFO	RMANT		Addr	ess		
	(4.	no. or unknown)	(If yes, give war ar dates of se	199-07-4731	Rec	ords: SPRI	NG GR	OVE STAT	E HO.	SH TAL	
1	F	18. CAUSE OF DEA	ATH [Enter anly one car	use per line far (a), (b), and (c).]						INTERVAL B	ETWEEN
			TH WAS CAUSED BY:	Cambra 7 magani	lar	hemorrhage				ONSET AND	
		443	DUE TO								
JE.		Conditions, if o	ny, which ) (b)	Arterio sclero t	ic d	cardiovascu	lar di	sease wit	th		
l		gove rise to i	mmediate (	hypertension						Paris I	
	Z	lying couse last.	) (c)	DITIONS CONTRIBUTING TO DEATH B	UT NO	T DELATED TO THE TERM	INIAI DICEAC	E COMPLETION CIVI	Chi Ini DART I	(-) 10 MAC	AUTORCY
	CATION	72.11. 011	TER STOTATE COLLE	CONTRIBUTION TO DEATH	01140	T KEENIED TO THE TERM	IIIAL DISEAS	E CONDITION GIV	EN IN FARI I	PERF	DRMED?
		20a. ACCIDENT W	AS UNDERLYING [7]	20b. DESCRIBE HOW INJURY OCCUR	RED. (F	inter nature of injury in	Port I or Por	t II of item 18.1		TES EX	] NO []
9-	CERTIFI	OR CONTRIBUTING	CAUSE OF DEATH			and halord or injury in					
	MEDICAL	20c. TIME OF INJUR Haur o. m. p. m.	Y Month, Day, Yea	r 20d. INJURY OCCURRED 20e. While Not while of work of work	PLACE foctory	OF INJURY (Home, form, street, office bldg., etc	n, 20f. (Cit)	or town)	(Cou	unty)	(Stote)
		21. I certify th	at I attended the	deceased from Dec.	)	. 1960 ta	Dec.	20 19 60	that I las	st saw the	decented
			ec. 20			curred at 9:40	M from	n the Courses of	nd on the	data stat	ed above
				2 0	00	corred diggggg		treet, city or town,			ATE SIGNED
		ACTUAL	Stella	Wachsler	MD	SPRING G	ROVE S	TATE HOS	SPITAL	12-	-21-60
									LIFETTEL		
		PHYSICIAN'S NAME (Type)	Stella Wa	chsler, M. D.		_Catonsvi	Lle_28	Marylar	nd		
1	220	BURIAL, CREMATIC	N, 226. DATE THEREO	Taran		REMATORY	22d. LOCA	TION (City, town, a	r county)	(Sto	te)
6	-	URPAL (Specify)		Bel Air Mem	ori	al Cemeter	У	Bel Air,	Mary:	land	
1		COOL THE		.Paul Street		240. REC	D BY REGIST	00	TRAR'S SIGN		
-	AIII	. COOK, INC	TSTI DE	raul prieer		DATE	looks the G	a	thung &	Minus	

CERTIFICATE OF DEATH	AND THE RESERVE OF THE PARTY OF
100 - 100 -	
TATE OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE	Management of the state of the
a distribution of the contract	
	_
The state of the last that the last the same of the sa	THE PARTY OF THE PARTY OF

TO HOSPITATION ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Page That was be retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely form in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal and in any event, within 72 hours after peetly.

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1349!) CERTIFICATE OF DEATH 13462

1.	PLACE OF DEATH	2. USUAL RESIDEN	CE (Where d			ence before e	dmission)
	Baltimore Maryland	a. STATE Md.		b. COUN	Maryla	nd	
1	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I	f outsida corp	porata limits, write	RURAL and giv	e nearest low	(n)
1	write RURAL and give neerest town)	55 Tows	Ron				
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS					ESIDENCE
		7700	Cmaar	arri arr III	errace		A FARM?
=	7700 Greenview Terrace	Last	4. DATE	AVIEW T			441
1	DECEASED		OF DEATE				, -
_		LAMAR		Dec.	28	19	A A
15	7. Married California	. DATE OF BIRTH	9	last birthday)	Months Days	Hours	Min.
	WIDOWED DIVORCED	2-24-1899		61 yrs.	Monnis Days	110013	
	Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (Coun	ity & State, or	foreign country)	12. CITIZEN	OF WHAT	COUNTRY?
E	Exporter	Cuba			U.	S.	
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME				
	Oscar deLamar	Maria Sa	anta	Cruz			
V	5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. I			Addrass			
	Yes, no, or unkown) (Ifyas give war or detes of service)	rs.Frances	Rd	eLamar	Sam	e	
1=	10	L'S . L'I attroep	11.0 4	O L called 1		NTERVAL BE	TWEEN
	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY:	in 0				DNSET AND	
	IMMEDIATE CAUSE (a)	thronk	2010	4		10	aL
	DUE TO	1 1 1 1	1				
	Conditions, if eny, which \ (b) Concerns	angerin	de	el ar	R	10	50:
	geve rise to immediate cause	0 10	1	1			0
	cause lest. (c) (li Herro - a	Marotes	10-ai	I dein	agal.	10	m.
12		T RELATED TO THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART 1(e)	19. WAS A	
F						YES T	NO T
	208. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED	(Enter nature of injury in	Part 1 or Part	II of item 18 \		112	110
CEBTICIOATION		, (Emai matera di Imper) ini					
TA DIVE	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e, PLA	CE OF INJURY (Home, ferm ory, street, office bldg., atc.		y or town)	(County)		(Stete)
1	Hour e.m. While Not While p.m. 19 et work et work	ory, siredi, office biogr, arc.	*/ ]				
	21. I certify that (I) (this hospital) attended the deceased from	OCT.	19 4 4 to	00	- 19/0	that (I)	(aux) last
81-	saw the deceased alive on	, 7	A				
	22e, SIGNATURE	dealli occurou ala	14, 1101	11 1110 00000	ond on mo		DATE
	hoth ()	DUNC IVI	MED.	STAFF PHYS.	121	701L	SIGNED
	22c. PHYSICIAN'S	.D. 22d. ADDRESS	JIKECI OK [	10 1	70	2010	1 -
	NAME (Type) X/ P FO = C A AA TO	1111/	397	世5十.	Balt	ton m !	1.6
	I MATREE MAIS NO	on corrections	1224 100	ATION (Cir. )		10	itate)
2	REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY	Part .	ATION (City, for	wn or county)		d .
	Burial 112-30-60 Prospect Hi	11	1	son			4.
2	4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS		N 3 6	6	GISTRAR'S SIGN		
10	.W.Jenkins &Sons Co.4905 York Rd.	Balto . Moak	111 0 0	a	withour & the	aud	
-							

13490 ten Assistantes Distriction of more to the version of and the state of t

# 1

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after d in by the funeral Pages 1 and 2 should event, within 72 hours after death. TO HOSPITY, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed we death. Per may be retained by the hospital or attending physician.

Yes TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please removeraries may event, within 72 hours.

Description.

1 DIVISION

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceese	lived, If institution: Rasidence before	edmission
Baltimore	MARYLAND	Maryland	b. COUNTY Baltimore	
<ul> <li>CITY OR TOWN (if outside corporata limits, write RURAL end give nearest town)</li> </ul>	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If oulside corporate	imits, write RURAL and give nearest to	own)
Fort Howard, Maryland	i 2 days	Baltinore	2 VO 1	
d. NAME OF HOSPITAL OR INSTITUTION (if	not in hospitel, give street address)	d. STREET ADDRESS		RESIDENCE
Veterans Administrat:	ion Hospital	808 McKean Street-		□ № 🔼
NAME OF First DECEASED	Middle	Last 4. DATE		ear
(Type or print) CHARLE		DELAWARE DEATH D	ecember 31	9 60
SEX 6. COLOR OR RACE	. MARRIED X NEVER MARRIED   8		(In yeers   IF UNDER 1 YEAR   IF UND birthday)   Months   Days   Hours	
		gust 11, 1892   68"	yrs. Months Deys Hours	Min.
a. USUAL OCCUPATION (Give kind of work	106. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or foreig	n country)   12. CITIZEN OF WHAT	COUNTRY
one during most of working life, even if retired	Food Company	Clover, Va.	U.S.A.	
. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Bert C. Coleman		Celia Delaware		
. WAS DECEASED EVER IN U.S. ARMED FORCE	ES?   16. SOCIAL SECURITY NO.   17.	NFORMANT Blinical Recor	dsddress	
(es, no, or unkown) (Ifyes give war or dates of ser	VICE)	Baltimore 18 Md-FORT		
18. CAUSE OF DEATH [Enter only one of			INTERVAL I	
PART I. DEATH WAS CAUSED BY:	PLASMA CELL MYELOM	A. WIDE SPREAD	ONSET AN	
2 9 3 MAREDIATE CAUSE (SE		.,		14.00
	BRONCHOPNEUMONIA		UNKN	CEATAT
geve rise to immediate cause				
(a)) same me andarying	ANEMIA		3 MOI	NTHS
	HEART FATLURE	T RELATED TO THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(a) 19. WAS	AUTOPSY
TAKI III OTTEK STORMTOART COTORI	ONS CONTINUE TO BEATTH DOT TO		PER	FORMED?
OO ACCIDENT WAS INDEDIVING ED. I	201 DESCRIPE HOW INTURY OCCUPED	/Entransista of fairms in Dont Low Dont II of its		NO
OR CONTRIBUTING   CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURED	. (Enter nature of injury in Part I or Pert II of ite	m 10.)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)			(6	(5) . )
20c. TIME OF INJURY Month, Dey, Yeer Hour a.m.		CE OF INJURY (Home, farm, 20f. (City or to ory, street, office bldg., etc.)	wn) (County)	(State)
	et work et work			
21. I certify that N (this hospital	il) attended the deceased from.	Dec. 29 3:1960, 10 Dec	31, 1960., that XI)	(we) las
saw the deceased alive onDec	. 31 19.60 , and that	death occured at P.M. from the	causes and on the date state	ed above
22a. SIGNATURE				2b. DATE
. Urnen De	your "		rys. 🖈 1-1-	-61
22c. PHYSICIAN'S		22d. ADDRESS		
NAME (Type) ARMEN BOO	OSIAN, M.D.	VAH, Fort Howard,	Md.	, p, = = = -
a. BURIAL, CREMATION, 236. DATE THERE	OF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION	(City, town or county)	(Stete)
REMOVAL (Specify) Burial	BALTTMORE NA	TIONAL Baltime	maryland	1
FUNERAL DIRECTOR'S SIGNATURE	1808 NoorMonroe	25a. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE	
Arlington S. Phillips		IAN 3 DI	arthur S. Krous	
MATERIAL PROPERTY OF THE PROPE		DA 0		

<b>129</b>			
@norscale.	bnai yrei		95.411.625
	e rede Life	3 12 5	Fort Howard, Mar Jund
	- VI-verra nasan 800	In Hancillan	is manufactured attended to
10 to	and the second second	4 + 11 to 40	BADIAFO.
	Awded it, 15x of		or ell eigh
	.avc.0	Pixel Coppers	texeds
	o na se de la composición del composición de la composina de la composición de la composición de la composición de la co		Burt C. Goldmin
THE EVEN OF	Will reducing to Mo-1042 Hav		2 - N - 1.
BEASE E	ions, with Spread		
va dal.		toronormal de la companya del companya del companya de la companya	N. C.
3 1364		200.141.213 EUR.141.213	tax
The state of the s			
	00ed 00. 20. 30 .ed	30 11 16	.o. 0
I was I am	x .		
	VALLE FOR BOXERS, ES.		bood tonusa
bnel en	PATTON Boltimore St. S. C.	ALUMENTON	agi Ling & not mital

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MAR

CERTIF

RCH AND RECORDS — BALTIMORE 1, MARYLAND	1346
CATE OF DEATH	1030

13441 CERTIFICATE OF DEATH	
1. PLACE OF DEATH a. COUNTY Baltimore  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Baltimore	
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town) RURAL and give nearest town) Baltimore (arbutus)  C. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town) Baltimore (Arbutus)	
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION 1232 Leeds Terrace  d. STREET ADDRESS ON A FA YES  N	RM?
3. NAME OF DECEASED (Type or print) John D. Delosier Last Dec. 11, 1960 19	r
s. sex male   6. COLOR OR RACE   7. MARRIED   Mount   B. Date of Birth   9. AGE (In yeors last birthdoy)   Months   Doys   Mount   Doys	Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  12. CITIZEN OF WHAT COU  12. CITIZEN OF WHAT COU  12. CITIZEN OF WHAT COU  13. A.  14. BIRTHPLACE (State or foreign country)  15. CITIZEN OF WHAT COU  16. CITIZEN OF WHAT COU  17. CITIZEN OF WHAT COU  18. A.	NTRY?
John E. Delosier  14. Mother's Maiden Name  Ida M. Mock	7
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mildred Delosier 1232 Leeds Terrace	#2
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stating the under:  DUE TO  DUE TO  DUE TO	ATH
19ing couse lost.   (c)	ED?
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a. m.  p. m.  19  20d. INJURY OCCURRED While Not while of work at work	(State)
21. I certify that (I) (this hospital) attended the deceosed from 0.449 29. 1960, to Dece 11, 1960, that (I) (we saw the deceased alive on 10.00 and that death occurred of 130M, from the causes and on the date stated of 22a. SIGNATURE	bave.
23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)  BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Baltimore, Maryland	
24. FUNERAL DIRECTOR'S SIGNATURE HOWard H. Hubbard 4107 Wilkens Ave.  250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE DEC 13 '60 Citing & Thank	

O HOSPITAL STIENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be rety by the haspital or attending physician.

O FUNERAL SINCTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, cremation, ar remayal, and in any event, within 72 haurs after death. TO HOSPITAL may be reb TO FUNERAL

VR A15 (4) 15M 9/59

PLANTA DE LA PARTE ATTENDED TO THE PARTY WELLS all serves (as burning a serve of a solither of the property edet it was being to contact the title to be olem olem CILL, C. OBI, S. W. Machine H ast The state of the s A. Arediev Seugharbury W.D. 2265 Marganets Ave. 627 Bondande , Production objection Carlo Sala

to the supported 107 Williams and being

6-1

CER	RTIFIC	ATE	OF	DE	ATH

13465

	13501	CERTIFICA	TE OF DEATH		
	altimore	MARYLAND	° SMaryland	here deceased lived. If institution: Reside b. COUNTY	Beli.
b. CITY OR TOWN RURAL and give	(If outside corporate limits, writh nearest tawn) ockdale	c. LENGTH OF STAY IN 1b	Rockdale	autside carporate limits, write RURAL and	give nearest town)
d. NAME OF HOSP OR INSTITUTION 3513		eet address)	d. STREET ADDRESS 3513 Jo 1	Ann Drive	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type ar print)	WILLIAM	Middle STUART DIEN	Last	4. DATE OF DECEMber 3	1,1960 Year
5. SEX male	- 3- 9 4 -	ARRIED NEVER MARRIED TO	B. DATE OF BIRTH  June. 6, 1960	last british days	R 1 YEAR IF UNDER 24 HR Days Haurs Min.
10a. USUAL OCCUPAT during mast af wa none	ION (Give kind af wark dane 1 rking life, even if retired)	0b. KIND OF BUSINESS OR INDU	Par	timore, Maryland	USA
3. FATHER'S NAME		HOLL	14. MOTHER'S MAIDEN I		
Dishand	Dianon		Classic	F4 conbone	
0 0 00		16. SOCIAL SECURITY NO. 17.	NFORMANT	Eisenberg Address	
no	(If yes, give war or dates of service)	no M:	r. Richard Die	ener- 3513 Jo Ann D	rive
Park Committee of the C	ATH [Enter only one cause pe ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Pacsmonist	tis ( Brond	Gial 1	INTERVAL BETWEEN ONSET AND DEATH
Canditians, if gave rise to cause (a), stating lying cause last  PART II. OI  20a. ACCIDENT WO OR CONTRIBUTING (IF EITHER, NOTIF	immediate g the <u>under-</u> (c)	NS <u>Contributing to</u> death bu	T NOT RELATED TO THE TERM	sinal disease condition given in pa	RT 1(a) 19. WAS AUTOPS PERFORMED? YES NO [
	AS UNDERLYING ☐ 20b. [ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER]	DESCRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in	Part I ar Part II af item 18.)	
20c. TIME OF INJU Haur a. m. p. m.	Wh		LACE OF INJURY (Hame, farm actory, street, affice bldg., etc		(Caunty) (Stat
	ot (I) (this hospital) attended			2 65, to 12 - 31 , 196 M, from the couses ond on the	
22a. SIGNATURE	me Fines	nên-	M.D. ATTENDING M	AED. STAFF PHYS.	22b.DATE SIGNI
22c. PHYSICIAN'S NAME (Type)	Jerome Finema	n, M. D.	22d. ADDRESS 400 4 L	berty Helite	Avz. 47
23g. BURIAL, CREMATI REMOVAL (Specify Burial	ON, 23b. DATE THEREOF  Jan 1/61	23c. NAME OF CEMETERY C		23d. LOCATION (City, tawn, or county)  Baltimore, Maryla	
24. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS		D BY REGISTRAR 2Sb. REGISTRAR'S S	IGNATURE
oll Levins	on & Bros. Inc.	- 6010 Reist Rd	DATE	JAN 4- '61 Cathur.	S. Thurs.

moy be rety by the hospitol or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in Kapage 3 should be detached for use as the buriol-transit permit. Then please remove carban papers. Oges 1 and 2 the State Board of Health prior to buriol, cremation, or removal, and in any event, within 72 hours ofter death. TO HOSPITAL VR A15 (4) 1SM 9/59 noos

funeral director, should be filed with

ATTENDING PHYSICIAN: The low requires that the death certificate be executed, within 24 hours ofter death. Page 4

20 49 25 5 XVG

		A THE STATE OF BUILDING		
	weeks not on the		and the same of the	
DEVELOPE TRANSPORT				
	1960			
	Philippen Mary			
	Analogal About		danaki b	
	tal procedured and the		District Control	
		CPS TOTAL	-out sout I man	thred Lin

the state of the s

Ewith the St.

# TO HOSPITA OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 24 hours after may be retained by the hospital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove larbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 67

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (Where decessed lived, If ins	stitution: Residence before edmission)						
Baltimore	MARYLAND	•. STATE Mar	Maryland							
b. CITY OR TOWN (if outside corporate lim write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporete limits, write R	URAL end give nearest town)						
Fort Howard	22 Davs	Bal	timore	3101-4						
d. NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS		. IS RESIDENCE						
Veterans Administra	ation Hospital	1570 Mc	oreland Avenue	YES NO X						
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Dey Yeer						
(Type or print) CHA	RLES I.	DIXON	DECEMBE	1/						
	7. MARRIED X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yeers III							
Male Colored	WIDOWED DIVORCED	8/27/14	46 yrs.	Months Days Hours Min.						
1De. USUAL OCCUPATION (Give kind of wor		TRY   11. BIRTHPLACE (Cou	nty & Stete, or foreign country)	12. CITIZEN OF WHAT COUNTRY?						
done during most of working life, even if retire  Laborer	Steel Industry	Baltimore	, Maryland	U.S.A.						
13. FATHER'S NAME	Docor Lindabor	14. MOTHER'S MAIDEN								
Charles Dixe	•		ia Cook							
15. WAS DECEASED EVER IN U.S. ARMED FOI			Address							
(Yes, no, or unkown) (If yes give wer or detes of	corvice			and Direct of on						
Yes   WW 11		in. Rec. van, ba	lto.Md. Ft.Hows							
18. CAUSE OF DEATH [Enter only one	e ceuse per line for (e), (b), end (c).]			ONSET AND DEATH						
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	LOBAR PNEUMONIA RI	GHT LUNG		3 WEEKS						
DECORE X D PO 1										
Conditions, if eny, which \ (b)	CARRIAG TROUBETOT	ENCY		2 WEEKS						
geve rise to immediate cause		232102								
(e), steting the underlying				F DAVE						
couse lest. (c)		LOT DEL ATER TO THE TERM	NAME OF THE CONTRACT OF THE CO	5 DAYS						
PART II. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT I			IN PART 1(e) 19. WAS AUTOPSY PERFORMED?						
3 DIA BETES MELLITUS				YES XX NO I						
DIABETES MELLITUS  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	2Db. DESCRIBE HOW INJURY OCCUR	ED. (Enter neture of injury in	Pert I or Pert II of item 18.)							
20c. TIME OF INJURY Month, Dey, Ye Hour e.m.		LACE OF INJURY (Home, fer actory, street, office bldg., etc		(County) (Stete)						
21. I certify that // (this hospi		Dec 6	1960, to Dec. 28	, 19.60, that (V (we) last						
			-/NE # 1/4							
saw the deceased alive onDe	20 19.00 , end th	at death occured at	M, from the causes at	nd on the date stated ebove.						
22e. SIGNATURE	6/201		MED. STAFF	22b. DATE SIGNED						
	4000	771.17.	DIRECTOR PHYS.	12/28/60						
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS								
T. R. H	OOD, M.D.	VAH, Balto	Md.Ft.Howard Di	vision						
230. BURIAL, CREMATION, 236. PATE THE	REOF   23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town	or county) (Stete)						
REMOVAL (Specify) Burial	6/ Baltimore N	lational	Baltimore,	Maryland						
24 FUNERAL DIRECTOR'S SIGNATURE	1808 N. Amstiroe St		C'D BY REGISTRAR 256, REGIS							
Arlington S. Phillips	70 711 70 34	Teen	101	wing S. Thank						

after death. Page 4

TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death. Page 4 may be rext. by the haspital ar ottending physician.

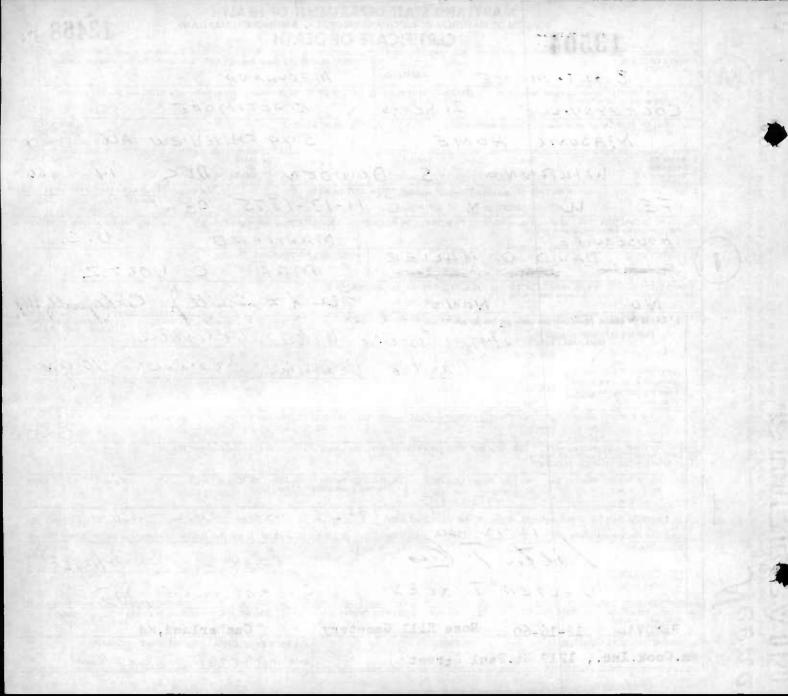
TO FUNERAL INJECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, crematian, or removal, and in any event, within 72 hours after death.

VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

13468

		3504	CERTIFICA	AIE OF DEA	H		10	200
1. [	PLACE OF DEATH D. COUNTY	ALTIMOR.	E MARYLAND	a. STATE	CE (Where deceased I	lived. If institution: b. COUNTY	Residence befor	re admission)
	RURAL and give ned	autside carporate limits, write prest town) 450166	c. LENGTH OF STAY IN 16		VN (If autside corpora フラムアノM		AL and give nea	rest town)
	OR INSTITUTION	A SONIC H	oddress) OME	d. TREET ADDR		RVIEW	AUE	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	WILANNE	Middle S	DOWDE	4. DATE OF DEATH	DEC	14	y Year 19 6 C
S. S	FE	6. COLOR OR RACE 7. MARI	. /	11-13-	15 ATS		UNDER 1 YEAR anths Days	Hours Min.
100	. USUAL OCCUPATION during most of working HOUSE L	N (Give kind of wark dane 10b. ng life, even if retired)  WIFE	KIND OF BUSINESS OR INC		RYLANZ			WHAT COUNTRY
3.	FATHER'S NAME	DAVID D.	HALLER		DARY	C. U	OLTZ	2
		IN U. S. ARMED FORCES? 16. f yes, give war or dates of service	NONE	INFORMANT	1 L. Su	with h-	Cocke	milly h
	PART I. DEAT  Conditions, if an gave rise to im cause (o), stoting to lying cause last.	mediate (	Cardio	vascu	lan D	eseñe	¿	O year
CERTIFICATION		CAUSE OF DEATH	CONTRIBUTING TO DEATH B				IN PART 1(a)	9. WAS AUTOPS) PERFORMED? YES NO
MEDICAL C	20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Year 20d. I While		PLACE OF INJURY (Hom foctary, street, office bld	ie, farm, 20f. (City o	or town)	(Caunty)	(State
	21. I certify that saw the decease	(I) (this haspital) attended alive on 12 -1	ded the deceased from	n 7-2-5 death accurred a	1957, ta			
	22o. SIGNATURE	halter	T. Kus	M.D. ATTENDING PHYS.	MED.	STAFF PHYS.	12/1	22b. DATE SIGNE
	22c. PHYSICIAN'S NAME (Type)	WALTER	T. KEES	22d. ADDRESS	OCKEYS	UILLE	MD	
23a	REMOVAL (Specify)	12-16-60	Rose Hill (			on (City, town, or coerland, M		(Stote)
	FUNERAL DIRECTOR'S		ADDRESS	250	a. REC'D BY REGISTRA	AR 25b, REGISTR	AR'S SIGNATUR	RE
WI	m. Cook, Inc	c., 1217 St.Pa	aul Street	DA	ATE DEC 1 6 1	60 (10	Chun & the	alle



ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

by the hospital or attending physician.

TO FUNERAL TO HOSPITAL

VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 19505

CERTIFICATE OF DEATH

13469

Baltimore foutside corporate limit orest town) Ville At (If not in hospitot, g ROVE STATE  Leo 6. COLOR OR RACE White No (Give kind of work c ing life, even if retired)	ve street of HO	Middle Henry  IED NEVER MARRIED   D   DIVORCED	lb lys	d. STREET ADDRESS None Lost DOWNS DATE OF BIRTH	and orside corpo	b. COUNTY rote limits, write Ri , Mary Lar Mon Dec	Ot. Man JRAL ond give and BX	e neorest  e. IS  YE  Day  28	V
rest town) Ville  At (If not in hospitol, g  ROVE STATE  Leo  6. COLOR OR RACE  White  NN (Give kind of work oing life, even if retired)	ve street of HO	Lyrllmth23 c  sport AL  Middle  Henry  IED NEVER MARRIED    D   DIVORCED	lys	Leonar d. street address None tost Downs Date of Birth	dtown	, Marylar	nd RX -	e. IS CYE Day 28	RESIDENCE IN A FARM? S NO T
VILE AL (If not in hospitot, g  ROVE STATE  Leo  6. COLOR OR RACE  White  NN (Give kind of work oing life, even if retired)	7. MARR	Middle Henry  IED NEVER MARRIED   D   DIVORCED	B. C	d. STREET ADDRESS None Lost DOWNS DATE OF BIRTH	4. DATE	Mon Dec	8X	Day 28	Year
First Leo  6. COLOR OR RACE White NN (Give kind of work or ing life, even if retired)	7. MARR	Middle Henry  IED NEVER MARRIED   D   DIVORCED	_	None  Lost  DOWNS  DATE OF BIRTH	OF	Dec	ember	Day 28	Year
Leo 6. COLOR OR RACE White N (Give kind of work cing life, even if retired)	7. MARR	Middle Henry IED ☑ NEVER MARRIED [ D □ DIVORCED [	_	Lost DOWNS DATE OF BIRTH	OF	Dec	ember	Day 28	Year
Leo 6. COLOR OR RACE White White ON (Give kind of work of ing life, even if retired)	7. MARR	Henry  IED NEVER MARRIED    D DIVORCED [	_	Downs DATE OF BIRTH	OF	Dec	ember	28	
White ON (Give kind of work of ing life, even if retired)	WIDOWE	DIVORCED	_			O ACE Ile wasen	IETIMDER 13	45 4 5 45 4	
ON (Give kind of work of ing life, even if retired)			]	35 2000		9. AGE (In years lost birthday)			INDER 24 HRS.
ing life, even if retired)	one 10b.	KIND OF BUSINESS OR II		May, 1899		61 yrs.	Months	ays Ho	urs Min.
er			NDUSTRY	Y 11. BIRTHPLACE (Stole of	or foreign co	ountry)			HAT COUNTR
				Maryl			U	. S.	A .
1.4				14. MOTHER'S MAIDEN N	AME	,	Sec. 15		
enry owns					e Lon	g			
R IN U. S. ARMED FORG		SOCIAL SECURITY NO.	7. INFO	DRMANT		Addr	ess		
		unknown	Rec	ords: SPRIN	G GR	OVE STAT	LE HO	SPITA	L
DUE TO  DUE TO  Ny. which had been been been been been been been bee	Aı	rterio scler o	tic	cardiovascul			EN IN PART 1	(o) 19. W	
S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	TRIBE HOW INJURY OCCU	JRRED. (	Enter noture of injury in P	ort 1 or Port	If of item 18.)			□ NO K
Month, Day, Yea	While	Not while of work	foctory	y, street, office bldg., etc.)			(Cou	unty)	(Stote)
Stella Wacl	., 19 6 01 () 12 ler	M. D.	M.D	SPRING Catons REMATORY	M, from ADDRESS (SH GROVE	the couses of reel, city or town, STATE  28, Mary	nd on the stote) HOSPT land	dote s	the deceose tated obay DATE SIGNI 12-29-
TO THE WAY OF THE PARTY OF THE	If yes, give wor or dotes of set III [Enter only one county was CAUSED BY: IMMEDIATE CAUSE (e).  DUE TO DUE TO (c).  ER SIGNIFICANT CONE  S UNDERLYING (c).  ER SIGNIFICANT CONE  WAS CAUSE OF DEATH (c).  I Ottended the Dec. 28  Stella Wack	If yes, give wor or dotes of service)  TM [Enter only one couse per lin in the WAS CAUSED BY: [MMEDIATE CAUSE (o)]  DUE TO  DUE TO  DUE TO  (c)  ER SIGNIFICANT CONDITIONS C  SUNDERLYING [In the under.]  Month, Doy, Year 20d. In White of Work  Out I oftended the decease Dec. 28 19  Stella Wachsler  N, 22b. DATE THEREOF	If yes, give wor or dotes of service)  UNKNOWN  TH [Enter only one couse per line for (a), (b), ond (c).]  TH WAS CAUSED BY:  UNKNOWN  Cerebral vasc:  DUE TO  DUE TO  (c)  ER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH  MEDICAL EXAMINER)  Month, Doy, Year  19  Ot I oftended the deceased from Dec.  Dec. 28  19  Stella Wachsler, M. D.  VI 22b. DATE THEREOF  12c. NAME OF CEMETER  VALUE  UNKNOWN  Cerebral vasc:  Cerebral vasc:  Wasc  Cerebral vasc:  Cerebral vasc:  Wasc  Cerebral vasc:  Cerebral vasc:  Wasc  Cerebral vasc:  Cerebral vasc:	If yes, give wor or dotes of service)  UNKNOWN  Rec  TH [Enter only one couse per line for (a), (b), and (c).]  TH WAS CAUSED BY:  Cerebral Vascular  MATERIO SCIER OTIC  DUE TO  DUE TO  (c)  ER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  SUNDERLYING  DOT CAUSE OF DEATH MEDICAL EXAMINER)  Month, Doy, Year 20d. INJURY OCCURRED  While Not while of work  DEC. 28  19 60 , and that death o  Stella Wachsler, M.  Stella Wachsler, M.  J. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR C.  WILLIAM CONTRIBUTIONS OF CEMETERY OR C.  STELLA Wachsler, M.  D. 22c. NAME OF CEMETERY OR C.  WILLIAM CONTRIBUTIONS OF CEMETERY OR C.  WILLIAM CONTRIBUTIONS OF CEMETERY OR C.  STELLA Wachsler, M.  D. 22c. NAME OF CEMETERY OR C.  WILLIAM CONTRIBUTIONS OF CEMETERY OR C.  WILLIAM CONTRIBUTIONS OF CEMETERY OR C.  WALLIAM CONTRIBU	IN [Enter only one couse per line for (o), (b), ond (c).]  TH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  DUE TO  (c)  ER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN  SUNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Proceedings of work	In [Enter only one couse per line for (0), (b), ond (c).]  TH (Enter only one couse per line for (0), (b), ond (c).]  TH WAS CAUSED BY:  IMMEDIATE CAUSE (0)  DUE TO  DUE TO  ON, which the under.  (c)  ER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE  SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)  Month, Day, Year 20d. INJURY OCCURRED While of work of the work of wor	IN Enter only one couse per line for (a), (b), and (c).  THE [Enter only one couse per line for (a), (b), and (c).]  THE WAS CAUSED BY:  WINKEDIATE CAUSE (b)  DUE TO  ON, which the under.  Cerebral vascular accident  DUE TO  (c)  ER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIV  SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)  Month, Day, Year 20d. Injury OCCURRED While of work	INVESTIGNATURE  WINDOWN  Records: SPRING GROVE STATE HO  Records: SPRING GROVE STATE HO SPRING GROVE STATE	THE [Enter only one couse per line for (a), (b), and (c).]  THE [Enter only one couse per line for (a), (b), and (a), and the couse per line for (a).]  THE [Enter only one couse per line for (a), (b), and (a), and the couse per line for (a).]  THE [Enter only one couse per line for (a), (b), and (a), and the couse per line for (a).]  THE [Enter only one couse in the couse of the cous

CHIRAC TO TRANSPORT TO THE PROPERTY OF THE PRO					
			LATE OF DEATH	HITTED	Ve :
	THE RESERVE OF THE PARTY OF THE PARTY.				
		WHITE IT			All holdstrandards Ev
		04m21 - 3			
		- X			
	0 6				
		Value of		· PLEASING	
					The State of Charles

xd.	H	em 20 Fi 27-61 a	1m 2MARYL	AND S	TATE DEPART	MEN	TOF HE	ALTH-BA	LTIMORE,	18			
ē.		27-01	1350HE	DICA	L EXAMINE	R'S	CERTIFI	CATE OF	DEATH	Reg.	Dist. No		470
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1.	LACE OF DEATH						ENCE (Where dece	ased lived. If Institu				usion)
XX		Bal	timore		MARYL			ryland	b. COUNT	Da.	Ltimo		
X	1	and give nearest tow	If outside corporate limits, write m)		c. LENGTH OF STAY I	V 16	Y		prporote limits, write	RURAL or	nd give n	eorest tov	vn)
K	L		ard, Maryla		5 days			more 22		100		,	
050			TAL OR INSTITUTION (I				d. STREET ADE	School A	ve.			ON.	SIDENCE A FARM? NO
	3.	NAME OF DECEASED	Firs		Middle		Lost	4. DATE OF	Mont	h	Day	Y	or
35.13		Type or print)	MERLE		L.		DYE	DEATH	December	25		15	960
	5. 5	EX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	□ 8. D	DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDE			R 24 HRS.
	M	ale '	White	WIDOWED	DIVORCED [	J	uly 21.	1886	74 yrs.	Months	Days	Hours	Min.
	10a	USUAL OCCUPATI	ION (Give kind of work on the life, even if retired)	ione 10b. K	IND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLAC	E (Stote or foreign	country)	12. CI	TIZEN O	WHAT	COUNTRY?
1	1	Labor		S	hipyard		Glan Ca	ampbell.	Penna	II	S.A		
( -	13.	FATHER'S NAME	•			1	4. MOTHER'S MA						
	1	Albert	Dye				Marv	Smith					
	15. IYes	WAS DECEASED EN	VER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INF			cords Address				The state
		Yes	WW -1		68-03-1491	VAH			Md-FORT H		דת מ	VISTE	M
		18. CAUSE OF DEA	ATH [Enter only one caus	e per line f	or (o), (b), and (c).]							VAL BETWEET AND DEA	
7733		PART I. DEA	TH WAS CAUSED BY:	סים	ACTURE_RIG	ט יויט	TD				0.430	6 day	
*CA		936	5 NATA		and total and a state of	***						0-000	/5
		Conditions, if		HV	POSTATIC PNI	CT TM(C)	NET A					18 F	ours
		gove rise to imme	diote couse		LUSTALIC FIN	D. LIVILLE	NIA					40 1	ours_
		(o), stoting the couse lost.	(c).					Real ST					
	ATION	PART II. OT	HER SIGNIFICANT CONE	OITIONS CO	NTRIBUTING TO DEATH	BUT NO	T RELATED TO TH	E TERMINAL DISEA	SE CONDITION GIV	EN IN PA			NO
1	RTIFIC	20g. EXTERNAL CA PRIMARY ☐ or CO	MIKIBUIING	DESCRIBE	HOW NIERY OCCURR	ED, (Ente	er noture of injur	y in Part I or Port	Hofitem 18.)	me			
	2	CAUSE OF DEATH.	•	la La	111/10/11/1	16			toruc no	MIC.			
	WEDICA	20c. TIME OF INJU		20d. II	JURY OCCURED 10	PLACE	OF INJURY (Hor	ne, form, 20f. (Ci	ity or town)	(C	ounty)	/	(Stote)
	MEC	Hour o. m.	12-19 196		k ot work	S	treet	E	Balto.			1	ld.
		21. I certify t	hat I took charge	of the r	emains described	obove	e, held on A	utopsy [],	Inspection 12.	Inqu	iry 🔃	and f	ind that
		deoth resulted	d fram: Natural	ouses [	, Accident X,	Suicio	de 🔲, Har	micide [], l	Indetermined of	cause [	].		
			m	2.	,								
The	15	ACTUAL SIGNATURE	1/1/	力厂	aus		M.D. CHIEF MED	ICAL EXAMINER				DATE S	IGNED
+2		PMANAGEMENT		0 .			ASSISTANT	MEDICAL EXAMIN	IER 🗍			30/	10-110
No.		EXAMINER'S NAME (Type)	MELVIN B. D	AVIS.	M.D.		DEPUTY ME	DICAL EXAMINER	P			75/	25/60
	220	BURIAL CREMATIC	ON, 22b. DATE THEREO		22c. NAME OF CEMETER	Y OR CE	REMATORY	22d. LOC	ATION (City, town,	or county)		(Stote	)
0		REMOVAL (Specify BURTAL	12-28-	60	Baltimore	Nati	onal Cem	neterv	Baltimor	· e	7	[arv]	and
23	23.	FUNERAL DIRECTOR	R'S SIGNATURE	60	09 Harrord		24	. REC'D BY REGIS	STRAR 24b. REGI				
3		Wm. Cook-	Blight. Inc		ltimore. Md		D	ATE DEC 2 8	60	Thun 9	4		
	-											-	

	and the laws	
	SHAME SETTING	
		A STATE OF THE STA
		<b>经自由的收益的 互为的类型 经现代的现代 </b>
是1000年中的1000年		
		The second secon
		Cart Committee Care and the shall be a selected as the selecte
		The state of the search sear the search sear
	JAN TO WOOD	

.

VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 19500

13471

	0001				Reg. I	Dist. No.
1, PLACE OF DEATH o. COUNTY BE	altimore	MARYLAND	2. USUAL RESIDENCE (W		COUNTY	ence before odmission)
b. CITY OR TOWN (If or RURAL and give near Catonsvi.		ile c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limi	ts, write RURAL and	d give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION 117 BOS	(If not in haspital, give staumont Ave		d. STREET ADDRESS	umont Ave		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Nannie	Middle L.	Ehlen	4. DATE OF DEATH	Manth	Day Year 19 60.
		MARRIED NEVER MARRIED NOWED DIVORCED	8. DATE OF BIRTH Oct.11, 18	I Imaa b	oirthday) Months	ER I YEAR IF UNDER 24 HRS. Days Hours Min.
At Home	(Give kind of work done life, even if retired)	10b. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (State	e ar fareign country)	12. 0	U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN			
<u> </u>	W. Ehlen		Carolin	e Turpin	1	
15. WAS DECEASED EVER II	N U. S. ARMED FORCES? les, give wor or dates of service)		rs.Clara E.	Gieske ll	Address L7 Beaun	nont Ave.,
CATI	bulleto DUE TO  (c)  SIGNIFICANT CONDITIO	INS <u>CONT</u> RIBUTING TO DEATH BL	IT NOT RELATED TO THE TERM	AINAL DISEASE CONDI	ITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO (2)
200. ACCIDENT WAS IN OR CONTRIBUTING IN (IF EITHER, NOTIFY ME	JNDERLYING (1) 20b. CAUSE OF DEATH DICAL EXAMINER)	DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Part I or Part II of ite	m 18.)	
20c. TIME OF INJURY Hour a. m. p. m.	30 W	od. INJURY OCCURRED 20e. Phile Not while work at wark	PLACE OF INJURY (Hame, for actory, street, affice bldg., et	m. 20f. (City or town	)	(County) (State)
actual signature	l ottended the dec 15, 15, 1 hura her ohn A. Nos	260, and that deat	17.2.32, 10		ouses ond on	l last saw the deceased the dote stated above DATE SIGNED 12/16/60
220. BURIAL, CREMATION, REMOVAL (Specify)	22b. DATE THEREOF	22c. NAME OF CEMETERY OF CEMETERY		22d. LOCATION (Ci	ty, town, or county	
23. FUNERAY DIRECTOR'S S		3 ray West	2 0	D BY REGISTRAR	24b. REGISTRAR'S S	

		The Fried TAS
	A STATE OF THE STATE OF	The state of the s
		Total Committee of the
CONTROL OF THE STATE OF THE STA		
CHEMP COMMENDS OF THE PROPERTY		
100	me bed	
and the second		delife (everage)
Constitution of SEC State 10, 60 miles	E. 11	
And the second s	the registers of	05 1 77-11
THE PROPERTY AND ADDRESS OF THE PARTY OF THE		

VS A15 (4) 15M 10/57

R	
	1. PLACI
M	b. CIT
CIL	d. NA OR SPR

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13508 CERTIFICATE OF DEATH

13472

		20000		OF!	11110/	11L 01	ואמ	•		F	Reg. Dist. N	0.	
1.	PLACE OF DEATH a. COUNTY	Baltimo	re	MJ	ARYLAND	2. USUAL RE o. STATE		Vhere decease		nstitution: DUNTY	Residence be	fore admiss	ion)
	b. CITY OR TOWN (IF RURAL and give no Catons	arest town)	its, write	6mth 5d			R TOWN (		orate limits,	write RUR	AL ond give n	earest town	1-11
	d. NAME OF HOSPITA OR INSTITUTION SPRING CRO					d. STREET	ADDRESS	Ramsey	Stree	t			FARM?
3.	NAME OF DECEASED (Type or print)	Fi	-	ence	idle	Eichho	rst	4. DATE OF DEATH		Month Dec		196	Year
	sex female	6. COLOR OR RACE	WIDOWI	- 43	RCED 🔲		22, 1		9. AGE (In last birth	· ·	Months Doys	Hours	Min.
10	o. USUAL OCCUPATIO during most of work housewi	ing life, even if retired	done 10b.	KIND OF BUSINES	S OR INDU	STRY 11. BIRTH	Unkr		country)		U. S.		COUNTRY
13	. FATHER'S NAME					14. MOTHE	R'S MAIDEN	NAME	370				
)				Buckley			Sarah	Bower	6443				•
(Y	. WAS DECEASED EVER	IN U. S. ARMED FOR If yes, give war or dates of		none	7	ecords:	: SPF	RING G	ROVE	Addres STA'		SPIT AI	
NO	Conditions, if or gove rise to in couse (o), stating t lying couse lost.	nmediate (	/	rterio.		Cardie					I IN PART I(a)	19. WAS	AUTOPSY
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY I	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	me 20b. DES	CRIBE HOW INJURY	mil Y OCCURRE		of injury in	n Port I ar Pa	rt II of item	18.)			RMED?
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Ye	ar 20d. It While at work	NJURY OCCURRED  Not while at work	20e. PL fo	ACE OF INJURY ctory, street, aft	l (Home, fai lice bldg., e	rm, 20f. (Cit	y or town)		(Count	1)	(State)
	21. I certify the alive an	Stellar TELLI	deceas , 19 G		Dec 8	, 19_0 accurred o	SPRI	ADDRESS (S	m the cau Street, city or ROVE	ises and town, sta	HOSE	ate state	
	O BURIAL, CREMATION REMOVAL (Specify)	1 2 / 1 4 /	or S.O.	22c. NAME OF C		R CREMATORY			TION (City.			(Stot	e)
	FUNERAL DIRECTOR'S	SIGNATURE	Zen	ADDRESS	John	-	240. REG	C'D BY REGIS	TRAR 24b	. REGISTR	& Kraud		

183 1		PER OF DESC	ADRITIGO	
	7		And Aller ages	

0 VS A15 (4) 15M 9/5B

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) c. CITY OR POWN (If outside corporate limits, write RURAL and give nearest tawn) E11 SESTDENCE YES NO Year 19606 IF UNDER 1 YEAR IF UNDER 24 HRS Hours 12. CITIZEN OF WHAT COUNTRY? Hospital Records, Mt. Wilson State Hospital INTERVAL BETWEEN ONSET AND DEATH MONTHS PERFORMED? YES NO (State) 19 60, to 12 - 14 - 1960, that I last saw the deceased DATE SIGNED 12.14-60 (State)

24g. REC D BY REGISTRAR

DATEDEC 1 9 '60

burd and wonfel offi

The Manual Paragraph of the Manual State of the State of

We're How the Libertin Heart will and the Hornital

Date world to file of server to the first the first that the bear and

is the marginer, it.d., the remarks the Male on Baryland .

-1	9	A	1	.00
1	3	4	4	4

j	1	3	5	1	1	

ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours offer death. Poge 4

TO HOSPITAL

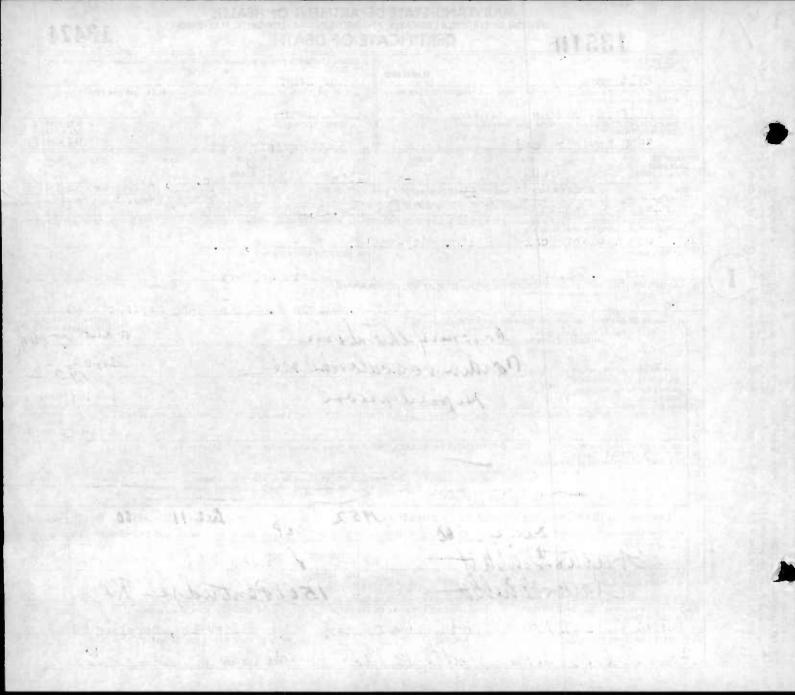
VR A15 (4) 15M 9/59

moy be retouched by the hospital or ottending physicion.

TO FUNERAL DIXECTOR: After this certificate has been signed by the attending physicion and completely filled in the page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and the State Board of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

2 should be filed with

1.	PLACE OF DEATH			MARYL		o. STATE		nere decease	d lived. If instituti b. COUNTY		nce befo	re admiss	ion)
-	b. CITY OR TOWN (If RURAL ond give ned	outside corporate limi	ts, write	c. LENGTH OF STAY II	N 1b		yland or town (If a	outside corpo	prote limits, write F	RURAL ond	give ne	arest town	1)
1		d Cardens				Ral	timore						
	d. NAME OF HOSPITA		jive street	address)			T ADDRESS	- 1				e. IS RES	IDENCE
L	OR INSTITUTION	layfair Ros	ad			1 350	O May f	air Br	ad				FARM?
3.	NAME OF	Fir		Middle			Last	4. DATE	Mar	oth	Do	ly '	Year
L	(Type or print)	Luke	3	_		Ellis		OF DEATH	Dec. 11.	1960			19
S.	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B.	DATE OF B	IRTH		9. AGE (In years lost birthdoy)	Months		IF UNDE	
	Male	White	WIDOW	ED DIVORCED		Nov.1	3.1880		80 yrs.	Monins	Days	Hours	Min.
E	o. USUAL OCCUPATION during most of working Mech &	N (Give kind of working life, even if retired Electrical	)	KIND OF BUSINESS OR Balto. City	- Ret	· d	HPLACE (Stole  Raltimo	ore. M	ountry)	12. CI1	rizen oi	WHATC	OUNTRY
		v 722.2.				,							
-		J. Ellis	0510				Kate	Calver					
	WAS DECEASED EVER	f yes, give war or dates of s		SOCIAL SECURITY NO.	17, INH	ORMANT			Add	ress			
	No				M-	rs. 01	ivia K	Elli	\$ 3500	Mayfa	ir	Road	
	PART I. DEAT	H [Enter only one con H WAS CAUSED BY: IMMEDIATE CAUSE (o	D	ne for (o), (b), and (c).]	his	nless	·			. 4	t ai	ERVAL BE	TWEEN DEATH
	Conditions, if an		Ca	rdioner	seu	lord	belose	1			sin	100	52
	gove rise to im cause (o), stating the lying couse lost.			Hessert	lens	edn						.1	
CATION	PART II. OTHE	ER SIGNIFICANT CON	DITIONS (	CONTRIBUTING TO DEA	TH BUT N	OT RELATED	TO THE TERMI	INAL DISEAS	E CONDITION GIV	VEN IN PA	RT 1(a) 1	PERFO	RMED?
CERTIFI	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	☐ CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OC	CURRED.	(Enter notur	e of injury in I	Port I ar Par	t II of item 18.)				
MEDICA	20c. TIME OF INJURY Haur o. m. p. m.	Month, Doy, Ye	or 20d. II While at wor	Not while			Y (Home, farm fice bldg., etc		y or lown)		(County)		(State
		(I) (this haspital		ded the deceased f		_		M. from	the causes or	196			
	220. SIGNATURE	a land	Duil.	htt.	M.	ATTEND	ING / MI		STAFF PHYS.				b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	factor S	die	Chit-		22d. AD		Pen	trida	2- 1	PK	who wise one was take (in	
23	o. BURIAL, CREMATION REMOVAL (Specify) Burial	23b. DATE THEREC	)F	23c. NAME OF CEME		CREMATORY	1		TION (City, town,			(Stot	e)
24	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS ADDRESS	a Y	meter,		D BY REGIST	TRAR 25b. REGI	Mary STRAR'S S			
	MITTA SICH	MIN YAST	10	/ Jaco 1	1.16	M.	DATE	C 1 5 'E	ب ا الا	Elung &	Thou	44	-



filed with

pe

place

C

filled

death.

72

corban ofter de

physician move car

attending

mit.

been signed

0

in Pe

burial-transit

should

TO FUNER

VS A15 (4) 15M 9/55

puo

remayal,

os the

death.

hours

Cities of the second second		CERTIFICAT		
				Control State Control
				The latest total
			Uniced all behalts	Leit glines I. (2)
em eg en jalo la Li est en larg en als al 15 more 10/1		A NO FEE dean as	CASTILLA SECTION	100 B G B
				20/14/734 20/14/600
				Chang
			20.0	
sictions character of the	THE THE LA		Apple 1	or amounted market in

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		CERTIFIC	
			Tried by
			The Paris of the P
			Annual Charles
			A CHARLES AND THE REAL PROPERTY AND THE PARTY AND THE PART
Control to Account to the control of			
Marine and the	THE STATE OF THE S	10 apre 10 b	
	ETOLIS CONTROL		THE PARTY OF THE PARTY.
Para Hillion &			

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAT HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) tirector. Page r your files. e. COUNTY e. STATE b. COUNTY Balto. Co. MARYLAND MARYLAND BALTO b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town) d. STREET ADDRESS MIDDLE RIVER MO. LIFE
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Board . IS RESIDENCE ò ON A FARM? 805 WAMPLER. be retained State | YES NO V 805 This certificate should be executed within 24 hours after death. If any of a word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fundical Examiner's Office along with form PM3. Page 5 may be retained uld be used as a burial-transit permit. File pages 1 and 2 with the State cremation, or removal, and in any great within 72 hours after death. 3. NAME OF Dev Middle Yeer DECEASED OF (Type or print) DEATH Elmer 1960 29 6. COLOR OR RACE J. MARRIED TO NEVER MARRIED AGE (In years | IF UNDER 1 YEAR 5. SEX 8. DATE OF BIRTH IF UNDER 24 HRS. last birthdey) Months | Devs Min. Hours WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Coordinator Martin Co. Balto. Md 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Ev Louise Pocock S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unkown) | (If yes give wer or dates of service) Wampler Rd. Mrs Ev 805 18. CAUSE OF DEATH lEnter only one couse pe line for (e), (b), end (c). INTERVAL SETWEEN ONSET AND DEATH CCLUSION PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) geve rise lo immediate cause DUE TO (e), steting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)) 19. WAS AUTOPSY CERTIFICATION PERFORMED? ease execute the certificate, writing the word should be forwarded to the Chief Medical E. FUNERAL DIRECTOR: Page 3 should be YES NO meture of injury In Pert I or Pert II of item 18.) 2De. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW PRIMARY | or CONTRIBUTING | FEDICAL EXAMINER: burial, CAUSE OF DEATH. 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) fectory, street, office bldg., etc.) Not While 0 Hour e.m. While et work et work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection | Inquiry and in my opinion agent, death resulted from Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 13 EXAMINER'S DEPU NAME (Type) Address (Street, city, town, or county) 22e. SURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stele) REMOVAL (Specify) 0 ₹40 ö Burial Zion Luthern Cemeterv Golden Ring Rd. 240. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE ADDRESS 23. FUNERAL DIRECTOR VS. A15ME wining S. Thousa MO. 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Compared the state of the state LIVERS SOUTH SPECIAL CONTROL OF THE SET OF T SPERMAN PROPERTY OF A PROPERTY OF A SPERMAN CO. The second secon 

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

13478

10000 TEKINI	
1. PLACE OF DEATH o. COUNTY Batto. Edgemere MARYLI	and 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY Balta.
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	w := 1-
BALTAZZ Md,	Fagemere
d. NAME OF HOSPITAL (If not in hospitat, give street address) OR INSTITUTION 2818 Ledge Farm Road (Popes Land	2818 Lodge Farm had Topashenges NO 1
3. NAME OF DECEASED (Type or print) Charles M. First Middle	Last 4. DATE Manth Day Year OF DEATH December 9 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	last birthday) Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR during most of working life, even if retired)	INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAMÉ
	14. MOTHER STRAIGHT NAME
Sanford tarmer	Laure tarmer
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give wor or dates of service)	17. INFORMANT Address Address Fleerman &
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (o)	rom-preemona pee 4-60
DUE TO	
Canditians, if any, which	um + Cottino relesosio unengo
gave rise to immediate DUETO	
lying cause lest	
	TH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT	PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of injury in Part I ar Part II of item 18.)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 2 Haur a.m. While of work at work	20e. PLACE OF INJURY (Hame, form, factory, street, affice bldg., etc.) (City or town) (County) (State)
p, m. 19 at wark at work	
21. I certify that (I) (this haspital) attended the deceased fi	ram 74020 96 99 , tox 0 = 9 - 1980, that (1) (we) las
6 0 0	hat death accurred all 3 Mafrom the causes and an the date stated above
22a. SIGNATURE	226 DATE
ANDhomes	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D
22c. PHYSICIAN'S NAME (Type)	10, 22d. ADDRESS 107 n. main Sr. Dr. H. 2 2min
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMET	ERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)
REMOVAL (Specify) Was 12/60 ml Co	Dravy Cemeter a. a. County Mid
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS.	250 REC D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE .
21. 10, 60 1 1109 91	Mesting T DATE DEC 3 60 Colling S. Kroue
THEREIT TORKEREN SING / / /	CATONATION

THE PARTY OF THE P	
	*CEE1
	Service of the

TO HOSPITAL

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

13479

1. PLACE OF DEATH a. COUNTY	Balto.		MARYLAND	o. STATE	Md.		b. COUNTY	Residence before o	idmission)
b. CITY OR TOWN RURAL ond give Holbro			out 1 Yr.	c. CITY OR		side corporate li	mits, write RURA	L ond give neares	t town)
d. NAME OF HOSP OR INSTITUTION	ITAL (If nat in haspital, g			d. STREET				e. I	S RESIDENCE ON A FARM?
	Ward's Cha	pel Road	1	/ Ward!	s Chap	el Road			ES NO
3. NAME OF DECEASED	Fir	rst	Middle	la	st	. DATE OF	Month	Day	Year
(Type or print)	Kat	tie	Amelia	Ferre	11	DEATH	Dec.	5,	1960
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRT	'H	9. AC		UNDER 1 YEAR IF	OURS Min.
F.	W.	WIDOWED X	DIVORCED	April 3	0,1873	87	yrs.	Omnis Days H	ours min.
10a. USUAL OCCUPAT	ION (Give kind of work orking life, even if retired	dane 10b. KIND (	OF BUSINESS OR IND	USTRY 11. BIRTHP	LACE (State or	foreign country)		12. CITIZEN OF WI	HAT COUNTRY?
	sewife	_	None	Ba	lto.	Md.	11000	U.S	.A.
13 FATHER'S NAME				14. MOTHER'S	MAIDEN NA	ME			
	Henry Thom	nas Davis	3	Marv	Elizal	beth Ste	phens		
15. WAS DECEASED EV	ER IN U. S. ARMED FOR		L SECURITY NO. 17.	INFORMANT			Address		Md.
No	*****		M	cs. Ray H	orn Wa	rda Char	el Road	. Marrio	ttaville
18. CAUSE OF DE	ATH [Enter anly one co	ouse per line far (	^	1)		1)		INTERV	AL BETWEEN
PART I. DE	ATH WAS CAUSED BY:	Cons	for al-	here	シカノ	had		ONSET	AND DEATH
4 2 2	DUE TO	-	0	0	, 1	1			
Conditions, if	The state of the s	112/2	riss	clens	010			1.3	
gave rise to	immediate Dur To				evs				
(ying couse lost	g the <u>under-</u>								
	THER SIGNIFICANT CON		BUTING TO DEATH BU	JT NOT RELATED TO	O THE TERMIN	AL DISEASE CON	ADITION GIVEN	F	WAS AUTOPSY PERFORMED?
	VAS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE H	HOW INJURY OCCUR	RED. (Enter noture o	of injury in Pa	rt I or Port II of	item 1B.)	37.50,	
20c. TIME OF INJU		While N	OCCURRED 20e. I	PLACE OF INJURY factory, street, office	(Home, form, te bldg., etc.)	20f. (City ar to	wn)	(County)	(Stote)
21. I certify th	at (1) (this hospital	l) attended th	e deceased fram	Dec. 1	. 19/	1. 10/12	00	196 Othat	(I) (we) last
	ased alive and	-		death accurre	d at A	A from the	causes and		
22a. SIGNATURE	Non E	The	1	M.D. PHYS.	IG _ MED	) ST/	AFF	311 1110 3310 31	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	WILLIAM E N	MARTIN M	0	22d ABDR		Mel	own.	n	4
23a. BURIAL, CREMATI	ON, 23b. DATE THEREC	OF 23c.	NAME OF CEMETERY	OR CREMATORY	2	3d. LOCATION	(City, town, or o	ounty)	(Stote)
REMOVAL (Specif Burial	12/9/60		rds Chapel				ok, Mar		
24. FUNERAL DIRECTO		7	ADDRESS		-	BY REGISTRAR	25b. REGISTR	AR'S SIGNATURE.	
Hornin.	/ Suesas	8728 Idt	erty Road			1 2 '60	Call	un S. Kraus	
- word	The second				1-111-111				-
0	0	Randalla	town, Md.						

* (2)	.bi		reprise of	
		Act to be	Service Service	
	inc. LogedO elbast M		rall sline	
Ç	* Mary Towns	alled a		
	1 1 1			.5
www.l	. br . ot 18			
	mention of small staff of	e Aret	Mario T. Vista	
	adi dagan e pat groti yan se		0.0000000000000000000000000000000000000	Lot
	Act and the second			
	Market Barrier Barrier			
		Section 6 Arm Top		
		The start		
			An Jerstang et	
		faguall sires	Avac -	
		Section attended 55		3

ar remaval.

VS. ATSME(S) SM 9/SS

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13480 Reg. Dist. No

1. PLACE O			MARYLAND	o. STATE Md		b. COUNT	· .	ce before od	mission)
b. CITY C	OR TOWN (If outside corporate limits, write ve necreal town).	RURAL	c. LENGTH OF STAY IN 16	1		rporote limits, write	RURAL and	give nearest t	own)
			5 yrs.	53 Du	indalk				
	of hospital or institution (i., 7509 Lange		tol, give street oddress)	d. STREET ADDR	1730	e St.		OI	RESIDENCE N A FARM? NO 2
3. NAME C -DECEASE (Type or	D		Middle Robert	Fisher	4. DATE OF DEATH	Moni Dec.		Day	Yeor 19 60
s. sex Male		7. MARRIED	NEVER MARRIED 8	DATE OF BIRTH	1906	9. AGE (In years last birthday) 54 yrs.	Months D	YEAR IF UN	DER 24 HRS.
10a. USUAL during me	OCCUPATION (Give kind of work of story of working life, even if retired)	one 10b. KIN	ND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE Ohi		country)		EN OF WHA	T COUNTRY?
13. FATHER	'S NAME			14. MOTHER'S MAIL	DEN NAME				
	Elmer Fi	sher		Gen	evieve	Penders	sst		
1S. WAS DE	CEASED EVER IN U. S. ARMED FOI	Incine.	ocial security no. 17. 115–07–6610Mr	FORMANT		Address	/ 2.	24,	Md.
Candil gove ri	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ions, if ony, which se to immediate couse ling the underlying lost.  (c)	101	demany	BCEL	ee- 121	<u>n</u>		INTERVAL BETY ONSET AND C	WEEN DEATH LLLL
CATI	PART II, OTHER SIGNIFICANT CON		TRIBUTING TO DEATH BUT N				EN IN PART	l(a) 19. WAS PERF YES [	ORMED?
PRIMAR CAUSE	TERNAL CAUSE WAS Y OF CONTRIBUTING OF DEATH.		, , , , , , , , , , , , , , , , , , ,	mer metere er mijery i		01 110111 10.7			
3 20c. TIA	AE OF INJURY Month, Day, Yea our o. m. p. m. 19	While	Not while of work	TE OF INJURY (Home ory, street, office bldg	o, form, 20f. (Cil	y or town)	(Coun	ty)	(Stole)
	TURE TO THE TOTAL TOTAL TO THE TOTAL TOTAL TO THE TOTAL TOTAL TOTAL TO THE TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TO THE TOTAL TOT	causes D		_M.D. CHIEF MEDIC		Indetermined o	cause .	DATE	signed 4-60
220. BURIAL	CREMATION, 22b. DATE THEREO		c. NAME OF CEMETERY OR	CREMATORY	22d. LOCA Fre	deriek	or county) Rd.	Md . (Sto	ole)
23. FUNERA	L DIRECTOR'S SIGNATURE		ADDRESS		REC'D BY REGIS	TRAR 24b. REGI	STRAR'S SIGN	NATURE	
JOHN	J. DUDA 7922	WISE	AVE. 22. Mc	DA1	TEJAN 3 '(	61 a	Thur & of	Years	

CERTIFICATE OF DEATH E E E SU SU	PREDICAL EXAMINER	
THE CHEST OF THE COMMENTS OF T		
	tolling Notices and Single Month	
A DESCRIPTION OF THE PROPERTY		
	化图式学习用语	
	elle aggregation de la composition della composi	
Description of the last of the		N. Sanchaster
A STATE OF THE STA		
anticolary sen of Laurent Francis		

after death. Page 4 e funeral director,

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

13481

OR INSTITUTION Veterans Administration Hospital  2914 Rosalie Avenue  Vol.   Adv.   Machine   Doy   Year   Documber   September   Septembe					
B. CITY OR TOWN (If outside carporate limits, write RURAL and give necessed town)		1.	D. PLACE OF DEATH O. COUNTY BALLIMOTE MARYLAND	o. STATE b. COUNTY	pefare admission)
d NAME OF DETAIL (If not in hospital, give steer oddress)  Senter Address  Part I. Death Was caused by:  The and the state of the state	1)		RURAL and give negrest town)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give	nearest tawn)
3. NAME OF   First			d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Second   County   C	100	1	Veterans Administration Hospital	Zyr Hosalle Avenue	I IES [] NO [V]
Male White WIDOWED DIVORCED September 16, 1892 68 791. Months Doys Hours Medical Control (Circ kind of work done doing most of working life, even if retired)  Salesman Hospital Supplies Dundalk, Maryland U.S. A.  13. FATHER'S NAME  Peter J. Fisher Mary Jane Hill  15. WAS DECEASEDEVER IN U.S. AMMED FORCES? (6. SOCIAL SECURITY NO. 17. INFORMANT Address Baltimore 18, 1892 WW I 216-01-0822A Clinical Records, VAH, Fort Howard Division  18. CAUSE OF DEATH (Enter only one cours per line for (6), (b), and (c). 19. FART I. DEATH WAS CAUSE (6)  PART I. DEATH WAS CAUSE (7)  Conditions, if any, which gove rise to immediate Cause (7)  To per line of the under Joyne Contributing to Death But not related to the Terminal Disease Condition Given in Part 100 19. WAS AUTOCOLORED (18) Williams of Contributing To Contributing to Death But not related to the Terminal Disease Condition Given in Part 100 19. WAS AUTOCOLORED (18) Williams of Contributing To Contributin		3.	DECEASED	OF	
100. USHAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  Salesman  10. MINDUSTRY S MADEN NAME  Hospital Supplies  Dundalk, Maryland  11. MOTHER'S MADEN NAME  Peter J. Fisher  11. WAS DECEASEDEVER IN U. S. ARMED FORCES?  11. S. WAS DECEASEDEVER IN U. S. ARMED FORCES?  11. S. WAS DECEASEDEVER IN U. S. ARMED FORCES?  11. S. WAS DECEASEDEVER IN U. S. ARMED FORCES?  11. S. WAS DECEASEDEVER IN U. S. ARMED FORCES?  11. S. WAS DECEASEDEVER IN U. S. ARMED FORCES?  11. S. WAS DECEASEDEVER IN U. S. ARMED FORCES?  11. S. WAS DECEASEDEVER IN U. S. ARMED FORCES?  11. S. WAS DECEASEDEVER IN U. S. ARMED FORCES?  11. S. WAS DECEASEDEVER IN U. S. ARMED FORCES?  11. S. WAS DECEASEDEVER IN U. S. ARMED FORCES?  11. S. WAS DECEASEDEVER IN U. S. ARMED FORCES?  11. S. WAS DECEASEDEVER IN U. S. ARMED FORCES?  12. SALESMAN  13. FATHER'S NAME  14. MOTHER'S MADEN NAME  MARY Jane Hill  Address Baltimore 18.  21. INTERVAL BETWEE  WAS DECEASEDEVER IN U. S. ARMED FORCES?  14. MONTHS  15. WAS DECEASEDEVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY ON DECEASED IN THE WAS CAUSED BY THE WAS CAUSED	E	5.		last birthdoy) Manths Do	
13. FATHER'S NAME		10	10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN	
15. WAS DECEASED EVER IN U. S. ARNED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   216 - O1 - O822A   Clinical Records, VAH, Fort Howard Division   216 - O1 - O822A   Clinical Records, VAH, Fort Howard Division   216 - O1 - O822A   Clinical Records, VAH, Fort Howard Division   18. CAUSE OF DEATH   Enter only one couse per line for (o), (b), and (c).   PART I. DEATH WAS CAUSED BY.   CEREBRAL THROMBOSIS   INTERVAL BETWEEN CONTROL OF ARTERIOSCIEROSIS   UNKNOWN   UNKN	1	13			U. D. A.
15. WAS DECEASEDEVER IN U. S. ARMED FORCES?  If the consideration of order of services and the construction of the constructio	)	1	Peter J. Fisher	Mary Jane Hill	
B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]   PART I. DEATH WAS CAUSED BY:   CEREBRAL THROMBOSIS   LANDRESS   LA	1		IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFO	Tor To	/
Due to ARTERIOSCIEROSIS  Conditions, if any, which gove rise to immediate couse (o), storing the under lying coure lost.  Part II. Other significant conditions contributing to death but not related to the terminal disease condition given in Part I(o) 19. Was autored contributions of the terminal disease condition given in Part I(o) 19. Was autored contributions of the terminal disease condition given in Part I(o) 19. Was autored contributions of the terminal disease condition given in Part I(o) 19. Was autored contributions of the terminal disease condition given in Part I(o) 19. Was autored contributions of the terminal disease condition given in Part I(o) 19. Was autored contributions of the terminal disease condition given in Part I(o) 19. Was autored contributions of the terminal disease condition given in Part I(o) 19. Was autored contributions of the terminal disease condition given in Part I(o) 19. Was autored contributions of the terminal disease condition given in Part I(o) 19. Was autored contributions of the terminal disease condition given in Part I(o) 19. Was autored contributions of the terminal disease condition given in Part I(o) 19. Was autored contributions of the terminal disease condition given in Part I(o) 19. Was autored contributions of the terminal disease condition given in Part I(o) 19. Was autored contributions of the terminal disease condition given in Part I(o) 19. Was autored contributions of the terminal disease condition given in Part I(o) 19. Was autored contributions of the terminal disease condition given in Part I(o) 19. Was autored contributions of the United States of the Part I(o) 19. Was autored contributions of the Part I(o) 19. Was autored contrib		F	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: CEREBRAT THEOMROGIS		INTERVAL BETWEEN
gove rise to immediate couse (a), stoling the under lying couse lost.    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)   19. WAS AUTO PERFORMET YES   NC CONVULSIVE disorder. Pyelonephritis   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)   19. WAS AUTO PERFORMET YES   NC CONTRIBUTION GIVEN IN PART I (b)   19. WAS AUTO PERFORMET YES   NC CONTRIBUTION GIVEN IN PART I (c)   19. WAS AUTO PERFORMET YES   NC CONTRIBUTION GIVEN IN PART I (c)   19. WAS AUTO PERFORMENT YES   NC CONTRIBUTION GIVEN IN PART I (d)   19. WAS AUTO PERFORMENT YES   NC CONTRIBUTION GIVEN IN PART I (d)   19. WAS AUTO PERFORMENT YES   NC CONTRIBUTION GIVEN IN PART I (d)   19. WAS AUTO PERFORMENT YES   NC CONTRIBUTION GIVEN IN PART I (d)   19. WAS AUTO PERFORMENT YES   NC CONTRIBUTION GIVEN IN PART I (d)   19. WAS AUTO PERFORMENT YES   NC CONTRIBUTION GIVEN IN PART I (d)   19. WAS AUTO PERFORMENT YES   NC CONTRIBUTION GIVEN IN PART I (d)   19. WAS AUTO PERFORMENT YES   NC CONTRIBUTION GIVEN IN PART I (d)   19. WAS AUTO PERFORMENT YES   NC CONTRIBUTION GIVEN IN PART I (d)   19. WAS AUTO PERFORMENT YES   NC CONTRIBUTION GIVEN IN PART I (d)   19. WAS AUTO PERFORMENT YES   NC CONTRIBUTION GIVEN IN PART I (d)   19. WAS AUTO PERFORMENT YES   NC CONTRIBUTION GIVEN IN PART I (d)   19. WAS AUTO PERFORMENT YES   NC CONTRIBUTION FORT HOW IN PART I (d)   19. WAS AUTO PERFORMENT YES   NC CONTRIBUTION FORT HOW IN PART I (d)   19. WAS AUTO PERFORMENT YES   NC CONTRIBUTION FORT HOW IN PART I (d)   19. WAS AUTO PERFORMENT YES   NC CONTRIBUTION FORT HOW IN PART I (d)   19. WAS AUTO PERFORMENT YES   NC CONTRIBUTION FORT HOW IN PART I (d)   19. WAS AUTO PERFORMENT YES   NC CONTRIBUTION FORT HOW IN PART I (d)   19. WAS AUTO PERFORMENT YES   NC CONTRIBUTION FORT HOW IN PART I (d)   19. WAS AUTO PERFORMENT YES   NC CONTRIBUTION FORT HOW IN PART I (d)   19. WAS AUTO PERFORMENT YES   NC CONTRIBUTION FORT HOW I			IMMEDIATE CAOSE (d)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PREFORMED  YES NO  200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. TIME OF INJURY Month, Day, Year  200. TIME OF INJURY Month, Day, Year  While of work of wor			gove rise to immediate couse (a), stating the <u>under</u>		
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 ar Part II of item 18.)  20c. TIME OF INJURY Medical Examiners  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m., p. m. 19 while of work of otwark of work of		NOITA	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(	(a) 19. WAS AUTOPSY PERFORMED? YES NO
Hour a.m.  19   While of work   factory, street, office bldg., etc.)  21. I certify that (i) (this haspital) attended the deceased fram September 219 60 to December 2219 60, that (ii) (we) saw the deceased alive on December 220 60, and that death accurred at M. from the causes and an the date stated about 220, SIGNATURE    ATTENDING   MED   STAFF   MED   STAFF   MED   M	0	CEPTIFI	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Part 1 or Part 11 of item 18.)	
saw the deceased alive on December 28 60, and that death accurred at M. M. from the causes and an the date stated above 22a, SICNATURE    ATTENDING   MED. STAFF   SIC		MEDICAL	fauta fauta		nty) (State
Technical S. Condition M.D. ATTENDING MED. STAFF N.D. PHYS. X 12/2 22c. PHYS. CIAN DIRECTOR DIRECTOR DIRECTOR PHYS. X 12/2 22c. PHYS. CIAN DIRECTOR					
FREDERICK S. DONALDSON, M.D.  VAH, BALTIMORE 18, MD. FORT HOWARD DIVIS  23a. BURIAL CREMATION, 23b. DATE THEREOF PENDIAL Specify 12/21/60 Parkwood Cemetery Baltimore, Maryland  24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	1		Federale S. Joneldes M.		22b. DATE SIGNE 12/2
REMOVAL (Specify)  12/21/60  Parkwood Cemetery  Baltimore, Maryland  24. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  250. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE	J		NAME (Type)		RD_DIVISIO
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	0	2:	REMOVAL (Specify)	emetery Baltimore.Marvl	and
Welter Brooks Bradley Inc. Dundalk 22 June 1 160   Out of the	03			25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNA	ATURE

TO HOSPITAL A TTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours may be referred by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the content of t VR A1S (4 15M 9/59

altimisments restricted in the control of the contr The same from the state of the same of the Many to the first the state of after death. Page

VS A15 (4) 15M 10/57

	PHAJO-10-21	CERTIFICA	SAVI CUT	
			The state	CNA
	and the second			Lake
. 1				No.
		C +		
				h when title
				h your tal
Processing to the second of th				h your tal
in the second se				
e indo-en a contrata de Maria (Maria Maria). La tagada e la contrata de Maria (Maria) de Ma				

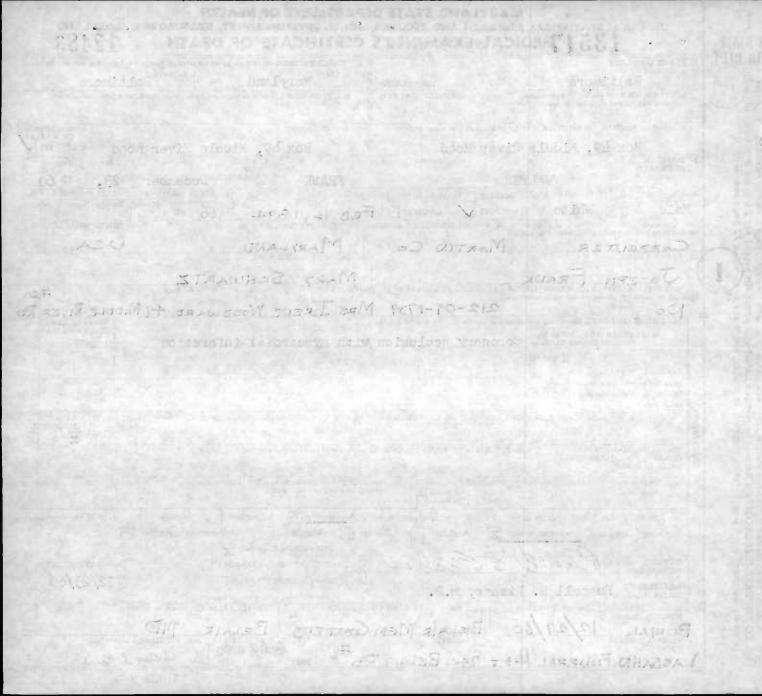
# FOR STATI TO DEPUT IEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any do is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the fun. 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

#### MARYLAND STATE DEPARTMENT OF HEALTH

of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1351 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13483

1001	10100
1. PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission)
Baltimore MARYLAND	a. STATE Maryland b. COUNTY Baltimore
b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
Box 49, Middle River Road	Box 49, Middle River Road YES NO W
3. NAME OF First Middle DECEASED (Type or print) WALTER	FRANK DEATH December 23. 19 60
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED     B	DATE OF BIRTH 9. AGE (In yoors IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED W DIVORCED	FEB 16: 1894   66 yrs.   Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working fife, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
CARPENTER MARTIN CO.	MARYLAND USA.
JOSEPH FRANK	MARY SCHWARTZ
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. 1 (Yes, no, or unknown)   (Ifyesgive werordetes of service)	INFORMANT Address #20
	MRS. IRENE WOODWARD 49 MIDDLE RIVER RO
8. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Coronary occlusion	with myocardial infarction
DUE TO	The same stage of the same sta
Conditions, if eny, which (b)	
geve rise to immediate couse	
(e), steling the underlying cause fest.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTIONS CONTRI	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?  YES NO 1
200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 200. DESCRIBE HOW INJURY OCCURED. (I	Enter neture of injury fn Pert I or Pert II of item 18.)
	CCE OF INJURY (Home, farm, 20f. (City or town) (County) (State) large, street, office bfdg., etc.)
21. I certify that I took charge of the remains described above, he	ald an Autopsy X, Inspection , Inquiry , and in my opinion
death resulted from: Natural causes X, Accident , Suic	ide, Homicide, Undetermined manner
0 -05-10	CHIEF MEDICAL EXAMINER
SIGNATURE CUSSES OF ISHE	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S Russell S. Fisher, M.D.	DEPUTY MEDICAL EXAMINER   Address (Street, city, town, or county)
22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	
BORIAL 12/27/60 BIELAIR MEM	GARDEUS BIRLAIR MD.
LASSAHD FUNERAL HOME, 7401 BELAIR T	RD DATE DATE OF BY BY BY THEMA
PARAMETER TRANSPORTED TO THE PERMIT	



# STATE DEPI, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, End 3 to the funest elector. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 7 may be retained for your files. IO PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. rector, Page s necessary, EDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any de-TO DEPUT

VS. A15ME 5M 7/59

# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13434 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13484

. COUNTY Bal.	timore, County	MARYLAND	9.7	NCE (Where deceesed lived, if institutions yland b. COUNTY В	Residence before edmission)
b. CITY OR TOWN write RURAL an Dundalk	(if outside corporete timits, d give neerest town)	c. LENGTH OF STAY IN 16 20 years		(If outside corporate limits, write RURALess 22, Maryland	d give neerest town)
d. NAME OF HOSP	ITAL OR INSTITUTION (if not in hos	spitel, give street eddress)	d. STREET ADDRES	s	e. IS RESIDENCE
	den Court		107 Lind	den Court	YES NO A
3. NAME OF DECEASED (Type or print)	James E.	Middle Frazier	Last	4. DATE Month OF DEATH December 25	Day Year 1960
5. SEX	6. COLOR OR RACE 7. MARRIE	D TANEVER MARRIED 1 8	. DATE OF BIRTH	9. AGE (In yeers   IF UNDER	1 YEAR   IF UNDER 24 HRS.
Male	Negro widows	D DIVORCED		1906 5 4 yrs. Months	Deys Hours Min.
	TION (Give kind of work orking life, even if retired)	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Ste	te or foreign country)   12, Cl	TIZEN OF WHAT COUNTRY?
Longsh 13. FATHER'S NAME		None	Dinwhit	ty Co., Virginia	U. S.
10. [7111111 0 1111111	Charles Wesle	У		Ellen Dickerson	
	VER IN U.S. ARMED FORCES?   16.	SOCIAL SECURITY NO. 17.	NFORMANT	Address	
(Yes, no, or unkown)	(If yes give wer or detes of service)	Mr	s. Roberta I	Frazier 107 Linden C	ourt
18. CAUSE OF	DEATH [Enter only one cause 64]				INTERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY:	ORONARY	( Occh	- U. Simi	ONEET AND DEATH
2235	IMMEDIATE CAUSE (e)	JIVOTTIN	0007	-0 5/01	
Condition if on	DOLLA				
Conditions, if en	diete cause				
(a), steting the	underlying DUE TO				
cause last.	) (c)	ITAIDUTING TO DEATH BUT NO	T BELLATED TO THE TERM	MINAL DISEASE CONDITION GIVEN IN PAR	TAY NAME AND ADDRESS OF
PART II. OTHI	Diphotes	MeLLIT		MNAL DISEASE CONDITION GIVEN IN PAK	PERFORMED?
20e. EXTERNAL C		IBE HOW INJURY OCCURED. (		ert I or Pert II of item 18.)	
		11/01/	0		
20c. TIME OF INJ	While	INJURY OCCURRED 200/LA	OF INJURY (Home, fe ory, street, office bldg., e	erm, 20f. (City or town) (Contec.)	unty) (State)
- Prints	that I took charge of the ren		ld an Autopsy .	Inspection II. Inquiry I	and in my opinion
	from: Natural causes 12	/ -	ide , Homicid		
deani resuired	Marie Courses IV	, redident, out	CHIEF MEDICA		
ACTUAL SIGNATURE	mano	w		EDICAL EXAMINER	DATE SIGNED
EXAMINER'S NAME (Type)	M.B.DA	vis MD		t, city, town, or county)	×7/60
22e. BURIAL, CREMATI REMOVAL (Specif	y)	22c. NAME OF CEMETERY OF		22d. LOCATION (City, town, or country	y) (Stelle)
Burial 23. FUNERAL DIRECTO	Dec. 29,1960	Unknown	24e. R	Petersburg, Virgi	nia. SIGNATURE
	Jackson Funeral	Home Inc. 916		2000	
HTTTTOMI VO	Cachbon 2 anotar	7.01.0	- CI SI ATE	DEC 28 60   Cultur &	Theres

THE WAS ARRESTED TO SELECT OF STREET, BATTER OF STREET, BATTER OF STREET, BATTER OF STREET, BATTER OF STREET, LITARIO RIO READ PRODUCE LI RESMUNACIO DIN ORIGINATA Burgarat 180 Statut The state of the s A service of the serv THE RESERVE OF THE PROPERTY OF THE PROPERTY OF THE PARTY CONTRACTOR OF THE STATE OF THE A STATE OF THE STA The second of th TO THE RESIDENCE OF THE SAME OF THE PARTY OF

## FOR STATE HEALTH DEPT.

is necessary, please referrector. Page your files. DEPUTY MEXICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is execute the difficate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained Funeral DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State 8 are its designated agent, prior to burial, cremation, or remayal, and in any event within 22 hours after death.

5 , 5	
VS. A15ME	
5M 2/57	

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13518 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 13485

1	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission)
	6. COUNTY Battimore MARYLAND O. STATE Mary Passed COUNTY COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give neorest town)  and give neorest fown)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES \( \) NO \( \)  VES \( \) NO \( \)  VES \( \) NO \( \)
	NAME OF DECEASED First Middle Lost 4. DATE Month Day Year
	(Type or print) Junes Friely DEATH 12 - 20 19 00
	S. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  WIDOWED DIVORCED DIVORCED Married No. 15 - 15 - 15 - 15 - 15 - 15 - 15 - 15
	00. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)
	Bar Linde Javen Pakerlar Jughto ma M. S. A.
	13. FATHER'S MAIDEN NAME
-	Samuel Tusting Mary Kandoon
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Yes, no. of unknown) [If yes, give wer ar dotes of service).
-	100 Meit 1 419-12-895 Milliam Frishy 24 28 Jodge James 169
	PART I. DEATH WAS CAUSED BY:
	IMMEDIATE CAUSE (0) FIALLIE FILLIE WITH OFFICE
	DUE TO
	gove rise to immediate couse (b)
	(o), stoting the underlying DUE TO
	PERFORMED? YES NO
	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
	20c. TIME OF INJURY Month, Day, Year Volume Not white Not white Not white of work of w
	opinion death resulted fram: Notural causes Accident , Suicide , Homicide , Undetermined manner
-	ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER D
	EXAMINER'S AN BOOK ASSISTANT MEDICAL EXAMINER []
	NAME (Type) MI 1) AVIS MI) DEPUTY MEDICAL EXAMINER D
1	120. BURIAL CREMATION. 22b. Date THEREOF, 22c. NAME ON CREMATORY 22d. LOCATION (Lits town, or county)
	2 SUMERAL DIRECTOR'S SIGNATURE 240. REGISTRAR'S SIGNATURE
	Eliter O, Wilson Brantley and DEC 22 60 animy & Thomas

A VATE SECTION AND A VATE SECTION OF BAULT TO THE REPORT OF Quelle la la président de la company de la c the late which and bull zero the Ties The state of the s

## MARYLAND STATE DEPARTMENT OF HEALTH 1351 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

13486

10		
hours after death. Page 4	d in the funeral director,	
TO HOSPITAL (**) ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 **	may be rety to be the haspital or attending physician.  TO FUNERAL WRECTOR. After this certificate has been signed by the attending physician and completely filled in the funeral director.  The standard completely filled in the filled with	page 3 should be detached for use as the bordal-transit permit. Then please terriare carbon papers. Tugges the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death.
3 PHYSICIAN: The low requires that th	ital or attending physician.  This certificate has been signed by the	or to burial, cremation, ar removal, and
TO HOSPITAL PE ATTENDING	TO FUNERAL STRECTOR: After	the State Board of Health price

VR A15 (4) 15M 9/59

2

	PLACE OF DEATH	timore		The state of	MARYL	AND	o. STATE	rylar		d lived. If institut b. COUNTY				on)
1		outside corporate limi	ts, write	c. LENGTH	H OF STAY IN	ч 1ь	c. CITY OR TO	WN (If or	utside corpo	prote limits, write l				iles (
-		At (If not in hospitol, g	nd ive street	oddress)	ays		Balti		1///			e.	. IS RESID	DENCE FARM?
		Administra	tion	Hospi	tal		1248	Elm R	load -	. 27			YES 🗌	
	NAME OF DECEASED	Fir	st		Middle		Last		4. DATE OF	Мо	nth	Day	Ye	eor
	(Type or print)	JOHN			W		FRITZ		DEATH	Decembe				960
S. 5	SEX	6. COLOR OR RACE	7. MARR	RIED   NE	ER MARRIED	B	DATE OF BIRTH			9. AGE (In years lost birthdoy)		YEAR I	Hours	Min.
	Male	White	WIDOWI	ED X	DIVORCED		Jan. 23	. 189	13	67 yrs				
100	. USUAL OCCUPATIO	N (Give kind of work of ing life, even if retired)	done 10b.	KIND OF B	USINESS OR	INDUST	RY 11. BIRTHPLA	CE (Stote	or foreign c	country)	12. CITIZ	EN OF	WHAT CO	OUNTRY?
	Machinist			esting	house		Balt	imore	. Mar	yland	U.	S.A		
13.	FATHER'S NAME						14. MOTHER'S A	MAIDEN N	AME					
V	Conrad Fri	tz					Suzann	a Hei	1					
15.		R IN U. S. ARMED FOR		SOCIAL SEC	CURITY NO.	17. INI	ORMANT CT	inica	1 Rec	ords Add	dress	1790		
(10)	Yes	WW-1		15-10-	5161	VAH				ryland-F	ORT HO	WARI	ידת ח	VISTO
		TH Enter only one co		7	/					-		INTER	RVAL BET	WEEN
	PART I. DEA	TH WAS CAUSED BY:	, 1	RRONCH	OPNEU	MONT	A						Weel	
	1101	W SENERIO		2101101	01 14201	1011								
	Conditions, if or	A		WOC AR	DIAL I	ENTERA	ROTTON					1	1 mo	nths
	gove rise to in	mmediate	-	HOOM	LI LALL	TIAT. ST	WILCH			4 100		-	2 11102	LUZZO
	couse (o), stoting to lying couse lost.	the under-		t marma	OCCUPE	B OCT	יו או מו יו	DDAT	TAT TA			77.	nkno	. 220
z		IER SIGNIFICANT CON					OF THE			E CONDITION GI	VEN IN PART		. WAS A	UTOPSY
CERTIFICATION								166					PERFOR YES XX	WEDS
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW	INJURY OC	CURRED	(Enter noture of	injury in P	ort I or Por	rt II of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Doy, Yes	While	NJURY OCC	vhile	20e. PLA foct	CE OF INJURY (H ory, street, office	ome, form, bldg., etc.	, 20f. (City	y or town)	(C	ounty)		(Stote)
	21. I certify tha	t (*) (this hospitol	) attend	ded the d	eceased f	rom	Nov. 28	319	60, to_	Dec. 3	, 19_6	O the	ot (X (v	ve) lost
		ed alive on_De								the couses o				
	220. SIGNATURE		10	1	100		ATTENDING	ME		CTAFE			22b	DATE
		Joseph	ny		illo	N	.D. PHYS.	☐ DII	RECTOR [	STAFF PHYS.		12	14/6	0
	22c. PHYSICIAN'S NAME (Type)	beeph /	. Ch	llo	mix	Q,	22d. ADDRES		U~	d Mowel	and			
	SUSIAL COSTACIÓN	N. 23b. DATE THEREC		M	15.05.65115					d, Maryl			10	
230	REMOVAL (Specify)	12-7-60	<b>7</b> F				CREMATORY			TION (City, town,		-	(Stote	1
24	FUNERAL DIRECTOR			ADDE		Nat	ional Ce		BY REGIS		Ma ISTRAR'S SIG	NATUR		
24.							/Md.		D BT KEGIS	ZOD. KEG	IJIKAK 3 3IU	HATUKI		
	Ambrose In	ic. 1328 S	ulphi	ir Spr	ing Ro	oad,	Balto./	DATE	00 4	co l	-2 0	4		

0219E			11061
a maria			
			Surfres January
	The seed at this	10 Land 10	
17 18 A			
	pastynd, stydiele		
	The street		
MITTER WATER	- 10000, 60000000		1111
ALU I			
		W. V.	A 1300 A
	call , completely lay		
	error dies respect tend.	SEAT AND SE	
		end office and	Ins Stell Leaf advantable

13487

130%	21)	CERTIFICA	ATE OF DEATH		Reg. Dist. N	lo.
I. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (WHO O. STATE			efore admission)
Baltimore	}	MARYLAND	Maryla	and b. co	Balti	more
b. CITY OR TOWN (If outside corp RURAL ond give nearest town) Rural To	overate limits, write c. LE	ENGTH OF STAY IN 16	c. CITY OR TOWN (IF o			nearest town)
d. NAME OF HOSPITAL (If not in		ss)	d. STREET ADDRESS	Tow.	son	e. IS RESIDENCE
or Institution Glenarm R	load		/ Glenarm	Road		ON A FARM? YES NO
NAME OF DECEASED	First	Middle	Lost	4. DATE	Month	Day Yeor
(Type or print) Sister	Mary Terer	ntia Fuchs	3	DEATH Dec	ember 11	19 60
SEX 6. COLOR	OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In lost birt	4 4	AR IF UNDER 24 HRS.
FW	WIDOWED [	DIVORCED [	Jan.23.186	38 92	yrs. Months Day:	s Hours Min.
o. USUAL OCCUPATION (Give kind	of work done 10b. KIND	OF BUSINESS OR INDU		or foreign country)	12. CITIZEN	OF WHAT COUNTRY
during most of working life, even Housekeepin		LIGIOUS	Germa	יייי	G	ermany
FATHER'S NAME	5 //-		14. MOTHER'S MAIDEN N		1 0	ermany
Togonh Thich			Donk	De aless		
Joseph Fuch was deceased ever in u. s. as		AL SECURITY NO. 17.	Bards	ra Bachm	Address	
	or dates of service)					
			Bister M.Her	rica	Glenarm,	Maryland
18. CAUSE OF DEATH [Enter of		(o), (b), ond (c).]				NTERVAL BETWEEN NSET AND DEATH
PART 1. DEATH WAS CAU	CAUSE (o)	Coronary (	occlusion			
4201	DUE TO					
Conditions, if ony, which )	(b) Ar	rterioscle	rosis			
gove rise to immediate (	DUE TO				71	
lying couse last.	(c)					
PART II. OTHER SIGNIFIC		BUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION	ON GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
PART II. OTHER SIGNIFIC  20g. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING  CAUSE O (IF EITHER, NOTIFY MEDICAL EX	NG T 20b. DESCRIBE	HOW INJURY OCCURRE	D. (Enter nature of injury in I	Port I or Port II of item	18.)	123   140
OR CONTRIBUTING CAUSE O	OF DEATH	TOTAL WASHING COCONNE	S. (Ellier Holore of Hijory III )	on to tron wor new	(0.)	
		OCCUPATO 20- PI	ACE OF INITION (II (	I por uni		
Hour o. m.	Day, Year 20d. INJURY While	Not while for	ACE OF INJURY (Home, form ctory, street, office bldg., etc.	) !	(Count	(State)
p. m.		ot work				
21. I certify that I offend	ded the deceosed fr	om Mar 29	1916, to I	ec 6 1	2_6Othot   lost	sow the decease
olive on Dack			occurred of 11-0			
16/	12			ADDRESS (Street, city or		DATE SIGNE
ACTUAL SIGNATURE	1/15/10	Jours Ol	M.D. 7501 Yo	rk Road	Towson4.	Md. 12/1
SIGNATURE		July War	m.u	STEETHER		1100 20/ 1
PHYSICIAN'S Char	eles F. O'I	Donnell M	.D.			
		NAME OF CEMETERY O		204 100471011101		
REMOVAL (Specify)	1411-	NAME OF CEMETERY O		22d. LOCATION (City,	Town, or county)	(Stote)
RURIAL 117-	18-60. VI	LLA MARIA	CEMI	NO TCH CLI	- J- NR LOW	SON, MD.
FUNERAL DIRECTOR'S SIGNATURE	901 S. CONKI	LING ST	24o. REC'I	D BY REGISTRAR 246	. REGISTRAR'S SIGNAT	URE
Charles D. Lelles		24 MD	DATE DE	C 1 4 '60	Clother & The	aud-

VS A15 (4) 15M 10/57

LATER SER SERVICE		
ATE OF DEATH	ED LEICHETE	
	Anna Fra	
		of many of a rest of the same of
		The state of the s
The of the second secon		
The second of th		
The second of th		

VS. A15ME(5) 5M 9/55

MA	RYLAND ST	ATE DEPARTME	NT OF HEALTH-	-BALTIMORE,	18
13435	MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF DEATH	P

13488

Reg. Dist. No.

1. PLACE OF DEATH	ltimore		MARYL	AND	2. USUAL RESIDENCE (V		d lived. If institu			ssian)
b. CITY OR TOWN	Y (If outside corporate limits, writ	e RURAL	c. LENGTH OF STAY IN		c. CITY OR TOWN (III		prote limits, write			vn)
and give nearest	dalk (22)				5 3 Dunds		(22)			
d. NAME OF HO	SPITAL OR INSTITUTION	If not in hosp	ital, give street address)		d. STREET ADDRESS		(==)		e. IS RE	SIDENCE
823	8 Longpoin	t Roa	d		1 8238	Longi	point R	oad		NO.
3. NAME OF DECEASED	Fir	af	Middle		Lost	4. DATE	Manth		Day Ye	roe
(Type or print)	Hel	en	Martha	(	Garrison	OF DEATH	Dece	mber	5th, 19	960
5. SEX	6. COLOR OR RACE	7. MARRIES	NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER TY	EAR IF UNDE	R 24 HRS.
female	white	WIDOWED	DIVORCED [		Tune 6,191'	7	43 уп.	Months Da	ys Hours	Min.
10a. USUAL OCCUP	ATION (Give kind of wark rking life, even if retired)	done 10b. KI	ND OF BUSINESS OR IN	IDUSTR	Y 11. BIRTHPLACE (State	ar foreign co	untry)	12. CITIZEI	OF WHAT	COUNTRY?
Cler	k	Wa:	r Dept.		Marylan	nd		U	SA	
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME	- 7 7 7 5			
	Edward Wa:	nhoff			Martha	Plitt	t			
15. WAS DECEASED	EVER IN U. S. ARMED FO	RCES? 16. S	OCIAL SECURITY NO.	17. IN	FORMANT		Address			
no	(ii yes, give wor or coles or	21	7-09-3863	A	ndrew Gar	rison	same	as #2	2	
Canditions, it gave rise to im (o), stating the cause last.  PART II.	OTHER SIGNIFICANT CON  CAUSE WAS CONTRIBUTING   20 TH.   30  JURY Month, Day, Yea	DITIONS CON	O bes.  O bes.  O bes.  O bes.  O bes.	ED. JER	ot related to the termination of	INAL DISEASE	CONDITION GIV	cular	YES T	AUTOPSY
	m. 19	at wari	at work							
	that I took charge						spection 🔟		4. ond f	ind that
deoth result	red from: Natural	causes	Accident [],	Suic	ide [], Homicide	Un, Un	determined c	ouse .		
ACTUAL SIGNATURE_	mB	0	arr'		_M.D. CHIEF MEDICAL EX		0.00		DATE SI	
EXAMINER'S NAME (Type)	Melvin B	. Davi	a M.D		DEPUTY MEDICAL		_		12/6/	60 =
22a. BURIAL, CREMA	TION, 226. DATE THEREC		2c. NAME OF CEMETER	Y OR (			ION (City, tawn, c	or county)	(State	)
Burial	12/8/6		United Ev				imore.			
23. FUNERAL DIRECT			ADDRESS	arre		D BY REGISTR	AR 24b. REGIS	TRAR'S SIGNA	ATURE	
Walter :	Brooks Bra	dley,	Inc., Dunda	alk	22, Madate n	FC 1 2 '6	0 0	athur S. +	Travel	
<b>—</b>					7					

	VEDICAL EXAMINER'S CERTIFICATE OF DEATH	A 75 F61
	The state of the s	Terror Parks
ę		
	Sea to take bridge what a real season to	
	no eo permitante inculos de la la companya de la companya del companya de la companya de la companya del companya de la compan	
	( ,	

4. DATE OF DEATH

1891

directar, iled with PLACE OF DEATH o. COUNTY filed funeral a b. CtTY OR TOWN (If autside carporate limits, write pe RURAL and give nearest tawn) TO CATONSVILLE d. NAME OF HOSPITAL (If nat in haspital, give street address) d. STREET ADDRESS OR INSTITUTION PINES S. MONASTERY HOUSE .5 NAME OF Middle filled DECEASED 0 WILLIAM (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 5. SEX WIDOWED [ DIVORCED 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during mast of warking life, even if retired) PRINTING LITHOGRAPHER - RET. ond 13. FATHER'S NAME physician IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT (If yes, pive war or dates of service) attending 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] Q. PART I. DEATH WAS CAUSED BY: EREANDL IMMEDIATE CAUSE (a) DUE TO ARTERN SOLEDIFIC CARNIN Canditians, if any, which signed gave rise to immediate DUE TO MISSHSE cause (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY burial-20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) Haur a.m. While Nat while at wark at wark p. m 21. I certify that I attended the deceased fram.\_\_ alive on / Z ō DIRECT ACTUAL SIGNATURE TO FUNERAL PHYSICIAN'S NAME (Type) 22a. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY page REMOVAL (Specify) mura 23, FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 

14. MOTHER'S MAIDEN NAME INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO P 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (State) (Caunty) 1960, that I last saw the deceased and that death accurred at Cizal, from the causes and an the date stated above. ADDRESS (Street, city ar tawn, state) 22d. LOCATION (City, tawn, ar county) (State) 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATREC 1 Circling S. Track

. IS RESIDENCE

AUL

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

DEC.

Manths

9. AGE (In years

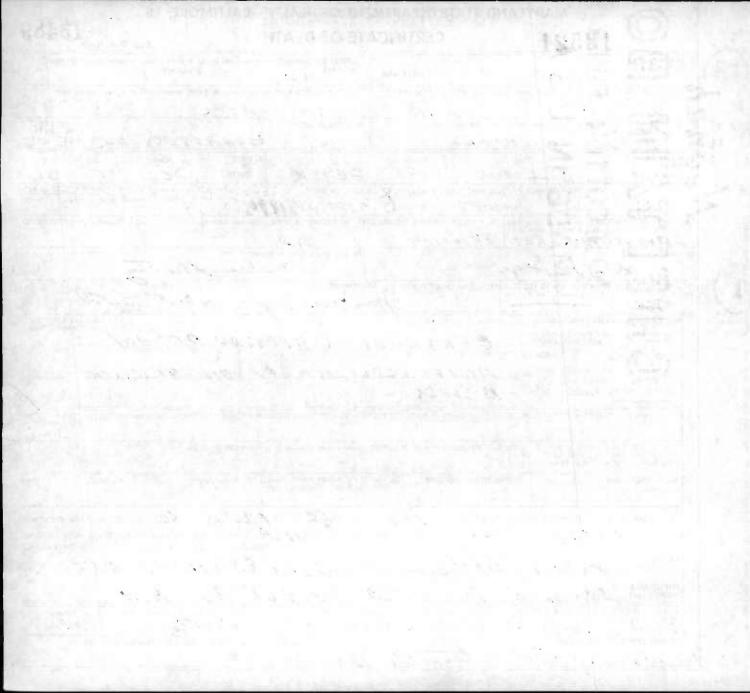
last, birthday)

ON A FARM?

YES NO

1960

VS A15 (4) 1SM 9/SB



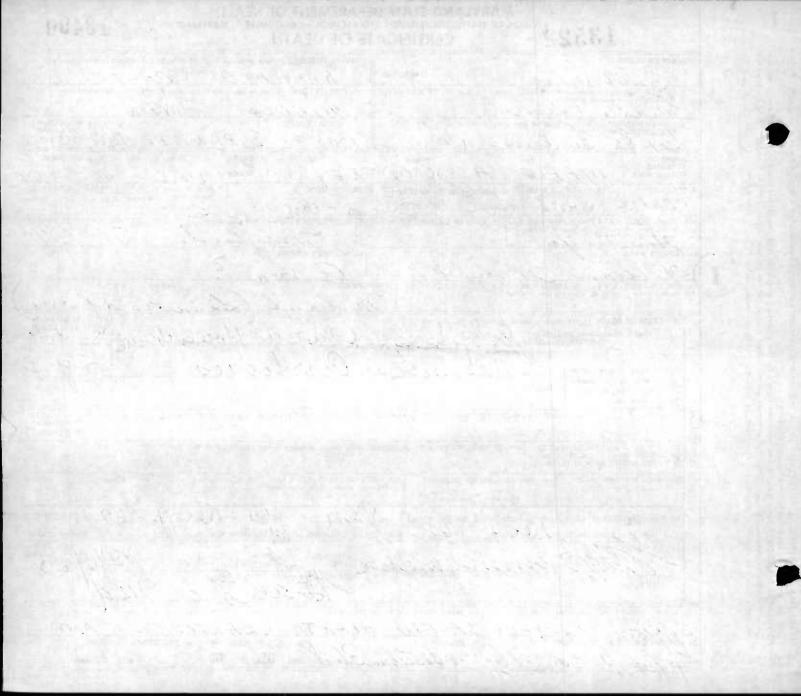
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

13490

4 E			
Page lirector ed wit	1	PLACE OF DEATH o. COUNTY MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY b. COUNTY b. COUNTY COUNTY DESCRIPTION DESCRIP	
F = = ( 1 )	1	b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	_
be be	/	RURAL and give nearest town)	
p rul	-	Middle aver 17110066 1818ER.	
2 sh		d. NAME OF HOSPITAL (If not in hospital, give street oddress)  OR, INSTITUTION  OR JUNE 18 STREET ADDRESS  ON A FARM YES   NO	?
in Hood	-		=
illed i	3	NAME OF DECEASED First Middle Last 4. DATE Month Day Year OF DECEASED (Type or print) MARIE A. GODFREY DEATH 17FC 44 19 (	1
thin thin dec	S	SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 H	IRS.
d wi		FEMALE WHITE WIDOWED DIVORCED 2-18-01 Sq yrs. Months Days Hours Mi	n.
om om om on on one	1	during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)	RY?
d c d c		Haryland, U.S. G	-
72 pg	Vi	FATHER'S NAME	
hin cor	, )	24 01 24 14 13	
fico ove ove		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
de d		WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFORMANT Address	
e e e		Hustiand James as allow	
eas eas ony		18. CAUSE OF DEATH [Enter only one couse ger line for (o), (b), and (c).]	+
of policy		PART I. DEATH WAS CAUSED BY: COMPANY ON SET AND DEAT	20
the the		IMMEDIATE CAUSE (a) TACATOR OF THE PROPERTY OF	
hot to '	-	581,0 DUE TO 16 5 W.	7 ,
anit mit		gove rise to immediate (b) January (b)	
gne		couse (o), stating the <u>under</u> DUE TO	
on. n si ssit		lying couse lost. (c)	
sici sici	1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPPERFORMED.	SY
ation ()		YES NO	
ng ng por	1 2	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)	
Ficol ficol	300	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
SIC officertii		20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (St	ote)
is of use	1	Hour o. m.  While Not while foctory, street, office bldg., etc.)	
of the population	1		_
Ned Pring		21. 1 certify that (1) (this hospital) attended the deceased fram. 1969 to 1969 that (1) (we) 1	
at the		saw the deceased alive on 1960, and that death occurred at NAM, from the causes and an the date stated abo	ve.
Hed O test		220. SIGNATURE 11 22b. DATE  ATTENDING 45D STAFF	
of of	-	ATTENDING MED. STAFF DIRECTOR DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR DIRECT	
P P P		22c. PHYSICIAN'S 22d. ADDRESS/	
AL AL Book		NAME (Type)  MDalta 6 Mid	
SPI be Se Se Se Se Se Se Se Se Se Se Se Se Se	2	Id. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)	
may be poge 3 the Stat	3	SEMOVAL (Specify)	
0 E 0 0 =	1 3	I. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	-
VR A1S (4)	31		
1SM 9/59	7 5	forme J. Connelly 418 Gaslern Steel, DATE DEC 8 '60 Cilling & Prisus	



FOR STATE rector. Page your files. necessary, の井を一 TO DEPUTY EDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any decision please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fune for 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for yo TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any eyent within 72 hours after death. 0 VS. A15ME

5M 7/59

# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13523 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13491 ACE OF DEATH

PLACE OF DEATH     COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission)
BALTIMORE MARYLAND	•. STATE B. COUNTY MARYLAND
b. CITY OR TOWN (if outside corporete limits.   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
write RURAL end give neerest town)	71/01/6
TOWSON 1 Day	BALTIMORE 3 V 0 / 4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS
Loch Raven Blvd.near Taylor Ave.	1704 NORTH CAROLINE ST. YES NO THE
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer OF
(Type or print) CARRIE HUNT GORSUCH	DEC. 17.1960 <sup>19</sup>
	B. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	last birthdey) Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUST	SEPT. 28, 1896 64 yrs.   12. CITIZEN OF WHAT COUNTRY!
done during most of working life, even if retired)	
Purchasing Agent U.S. Gov't.	Baltimore Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George R. Gorsuch	Lillie P. Shoemaker
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. (Yes, no, or unknown) (Ifyesgive werordates of service)	INFORMANT 1517 Kingsway dd Road
NO 076 08 1060	irs Oscar A. Bartell Jr.
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	284 / CAR / 118/ AND DEATH
IMMEDIATE CAUSE (e)	Joseph Sugar
DUE TO CONTRACTO	1 Daguell. 50
Conditions, if eny, which geve rise to immediate cause	4 compuney 5 ges
(e), steting the underlying DUE TO	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	
TY .	PERFORMED? YES NO E
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING III  20b. DESCRIBE HOW INJURY OCCURED. ( 20c. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING III	(Enter nature of Injury in Part I or Part II of item 18.)
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	
ZOC. TIME OF INJURY Month, Dev. Yeer   20d. INJURY OCCURRED   20e. PL/	ACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (State)
Hour e.m. While Not While	ctory, street, office bldg., etc.)
p.m. 19 et work et work	
21. I certify that I took charge of the remains described above, he	eld an Autopsy, Inspection, Inquiry, and in my opinion
death resulted from: Netural causes . Accident . Suice	cide , Homicide , Undetermined manner
1/1// 0 - 5	CHIEF MEDICAL EXAMINER
ACTUAL / MALLOT (12) ON - OP	ASSISTANT MEDICAL EXAMINER TO DATE SIGNED
SIGNATORE COLOR OF THE COLOR OF	M.D. DEPUTY MEDICAL EXAMINER (2)
EXAMINER'S NAME (Type) AY/P C F /2 Day	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	Address (Street, city, town, or county)  R CREMATORY   22d. LOCATION (City, town, or country)   (Stete)
REMOVAL (Specify)	
BURIAL   DEC. 21,60   DRUID RIDGE	E CEMETERY BALTIMORE MARYLAND
23. FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR   246. REGISTRAR'S SIGNATURE
HENRY SANDER & SONS INC. BALTIMON	RE MD. DATE DEC 20'60   Called 8 to ma
	2. 112 MB

Lock Caveth Slydydett Teglor ave. THE RESERVE AND RESIDENCE ADMINISTRATION OF THE PARTY OF 48 31.65.75 E Ace Un in the Abroad your expectage Talumodi Shoemuker BROW OR SHIP SON AND SHIP THE SHIP OF SHIP Timbers . Memoria and the Fifth to MIS ha AND ROLL OF THE PERSON OF THE PROPERTY OF THE PERSON OF TH MATERIAL SERVICES & PORS THE LITTLE OF SERVICE STREET

13492

		-									
1. PLACE OF DEATH o. COUNTY Baltimo			MARYLA	- 11	o. STATE Mary		ere deceased	l lived. If institu b. COUNT		ce before od	(noissimt
b. CITY OR TOW	N (If outside corporate limite nearest town)	ts, write c.	LENGTH OF STAY IN	116	c. CITY OR	TOWN (If or	utside corpor	rote limits, write	RURAL ond g	give nearest	town)
	ward, Md.	163	1 Day		Balt	imore		(1	.5)	3V	01-9
	SPITAL (If not in hospital, o	ive street add			d. STREET	ADDRESS				e. 1S	RESIDENCE
	s Administra	tion Ho	ospital		5521	Kenni	son Av	venue			S NO W
3. NAME OF	Fir	st	Middle	20	Lo		4. DATE		onth	Day	Year
(Type or print)	MILLAR	D	Anno	eld	GORSU	CH	OF DEATH	Decem	ber	2	19 60
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. C	ATE OF BIR	гн		9. AGE (In year	IF UNDER		JNDER 24 HRS.
Male	White	WIDOWED [			hmar	y 15,1	915	lost birthdoy)		Doys Ho	ours Min.
10a. USUAL OCCUP	ATION (Give kind of work	done 10b. KIN	ID OF BUSINESS OR					ountry)	12.CITI	ZEN OF WH	AT COUNTRY
Warehouse	working life, even if retired		l Market		Horra	a Do C	reas l	Maryland		U. S.	٨
13. FATHER'S NAME		TOOC	Market	1		S MAIDEN N		dal y Land		U. D.	Pla
Mahawh U	Comanah		CONTRACTOR OF THE PARTY OF THE		Then M	M47	7				
Robert H.	EVER IN U. S. ARMED FOR	CES? 16 SO	CIAL SECURITY NO	17 INFO		ay Mil inical		Ad	ldress		
(Yes, no, or unknown)	(If yes, give war or dates of s	ervice)	,								
Yes	WW II		7-07-5630	VAL	BB.T.	timore	10, 1	Md., FORT	HOWAL		
	DEATH [Enter only one con DEATH WAS CAUSED BY:									ONSET	AND DEATH
5	IMMEDIATE CAUSE (	INTES	STINAL PER	FORAT	LION,	CAUSE	UNKNOV	MN		2 D	AYS
- /	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X									
	if ony, which ) (b	CEREI	BROVASCULA	R ACC	IDENT	The state of				2 D/	IYS
couse (o), stot	o immediate DUE TO										
lying couse lo	ost. ) (c	GENE	RALIZED AR	TERIC	SCLER	DSTS				UNK	NOWN
2	OTHER SIGNIFICANT CON			H BUT NO	T RELATED T	O THE TERMI	NAL DISEAS	E CONDITION G	IVEN IN PAR	T 1(o) 19. W	VAS AUTOPSY ERFORMED?
	sonism and 1	eft her	niparesis								s D NOX
200. ACCIDENT OR CONTRIBUT (IF EITHER, NOT	WAS UNDERLYING ING CAUSE OF DEATH	20b. DESCRIE	BE HOW INJURY OCC	URRED. (	Enter noture	of injury in f	ort I or Port	t II of item 1B.)			
Hour o.	10	While _	RY OCCURRED 20 Not while of work			(Home, form, ce bldg., etc.		or town)	(0	County)	(Stote)
	44			70-		. 7	60 D		0 (	· ·	
saw the dec	that (this haspital eased alive an Dec	l) attended ember 2	the deceased fr	ram <u>De</u> hat dea	th accurre	E_1819	M. fram	the causes of	ind on the	QQ, that (	(we) last ated abave
220. SIGNATUR			C C	iai dea			,		na dir me	3 44.0 5.0	22b. DATE
Visale	piele ). (	1)	and Olas	, M.D	ATTENDIN	IG ME	D. RECTOR	STAFF PHYS.		12	1/2/60
22c. PHYSICIAN		-00	a grand		22d. ADD					- defea	15/00
FREDERI	CK S. DONALD	SON. M.	D.		VAH .	BALTIM	ORE 18	MD.,FT	. HOWAF	RD DIV	ISION
	ATION, 336. DATE THERE		3c. NAME OF CEMETE	ERY OR C	A			TION (City, town			(Stote)
Burial (Spec	cify Angel	T1015	to and		Jolla -	Pome	//			Marvla	
24. FUNERAL DIRECT		2/160	ADDRESS	-WI	reget	250 PER	BY REGIST	imore	GISTRAR'S SIG		iiid
				-					NOTION 3 SIC	O. TATORE	
Frank H.	Newell, Inc.	Keiste:	rstown&Wal	dron	Ave.	DATE	e 100	101	1 . 9 45	antist.	

ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 haurs offer death. Page 4 moy be reto; by the haspital or attending physicion.

TO FUNERAL LICACTOR: After this certificate has been signed by the attending physicion and completely filled in b page 3 should be detached far use as the burial-transit permit. Then please remave carban pages. Rages 1 and 2 sh the State Board of Health prior to burial, cremation, ar removal, and in any event within 72 hars after death.

funeral director, auld be filed with

VR A15 (4) 1SM 9/S9

Pikesville, Md.

SAFET				
			78 c	
( /	± .V · c · H			Just Tolor
			( , , , , , , , , , , , , , , , , , , ,	MADEST, STOY
	U V V			
			/ J.G	
	20-11			orio . Chestor
10.01.01.01.01.01.01.01.01.01.01.01.01.0				70
			2 25.33	
U		rismi di dat		
		ola da		
	ered de la care		a v	
			. Constants.	
				oran il same

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13442 CERTIFICATE OF DEATH

13493

	Reg. Dist. No.
1. PLACE OF DEATH a. COUNTY Balti. more MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. Maryland b. COUNTY
b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)  Arbutus	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)  Arbutus
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 4837 Carmella Drive	d. STREET ADDRESS  4837 Carmella Drive  6. IS RESIDENCE ON A FARM? YES \( \sum \) NO \( \sum \)
3. NAME OF First Middle DECEASED (Type or print) Florence C	Goss Death December 31 1960
5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  Female  White  WIDOWED  DIVORCED	B. DATE OF BIRTH  March 18.1879  9. AGE (In years of the funder 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)  Dietician	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?  Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Clark	Henrietta E. (unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	NFORMANT Address
	ohn H, Lampe, 548 Brook Rd., Towson 4
1B. CAUSE OF DEATH [Enter anly ane cause per line far (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Canditians, if any, which gave rise to immediate cause (a), stating the under-lying cause last.  DUE TO  (c)  DUE TO	cleration CN marker
ICATIC	TNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO
	ED. (Enter nature of injury in Part I ar Part II of item 18.)
	ACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (State) ctary, street, affice bldg., etc.)
21. I certify that I attended the deceased from alive on 3 19 , and that death ACTUAL SIGNATURE  PHYSICIAN'S  21. I certify that I attended the deceased from alive on 3 19 , and that death alive on 3 19 , and that dea	27, 19 60 to Dec 31, 19 what I last saw the deceased a occurred as 2 M, from the causes and on the date stated above.  ADDRESS (Street, city or town, state)  M.D. BOR I & W.
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	
BURIAL 1-3-61 Loudon Park	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
William Cook, Inc., 1217 St. Paul Stree	et DATE JAN 4 '61 Orthun & Kraus

Eps. Committee Charles June 10 - Children of the control of t neloctable August 1. be wood Not , agent it agent or and Commy outers some arten 5 less for Cel Fraison C Gregorius Feline My med June M. Paul 13/0,1 1-1: 11 20ch THE REPORT OF THE PARTY OF THE 

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

13494

		100%	CERTI	FICATI	OF DEATH						
	LACE OF DEATH	Baltimore	MAR	YLAND 2	. USUAL RESIDENCE (Who. STATE		lived. If institution b. COUNTY				on)
0	10	If outside corporate limits, v			c. CITY OR TOWN (If o		nte limits, write Pl	Balti			1
	RURAL ond give n	earest tawn)	C. ELITOTI OF STA	111410				Ollott Ollo	9110 1101		,
	LOW.	SON TAL (If nat in haspital, give	street address)		d. STREET ADDRESS	Avenue		1	-	e. IS RESI	DENCE
	OR INSTITUTION							-		ON A	FARM?
_		nvalescant Ho			Luthervill	7					NO 🔀
	NAME OF DECEASED Type or print)	ELIZABETH	VIRGINIA G	e REASER	Last	4. DATE OF DEATH	Decembe		Do		/ear 960
5. S	EX	6. COLOR OR RACE 7.	MARRIED NEVER MARE	RIED B.	DATE OF BIRTH	1			1 YEAR	+	
	Female		IDOWED DIVORC		ctober 4, 18	377	9. AGE (In years lost birthdoy) 83 yrs.	Months	Doys	Hours	Min.
10a.	USUAL OCCUPATI	ON (Give kind of work don	e 10b. KIND OF BUSINESS				untry)	12. CIT	IZEN O	WHATC	OUNTRY
I	dousewife	king life, even if retired)	Own Home		Maryland			1	USA		
13.	FATHER'S NAME				14. MOTHER'S MAIDEN N	IAME					
	Charles !		14 1 C = 1		Margare	t Dale	<u> </u>				
15. (Yes	WAS DECEASED EVI	ER IN U. S. ARMED FORCES (If yes, give wor or dates of servic		O. 17. INFO	RMANT		Addi	ress			
	No	None	None	Far	nily Records	3					
,	1B. CAUSE OF DE	ATH [Enter only ane couse	per line for (o), (b), and (c	).]					INT	ERVAL BE	TWEEN
	PART I. DE	ATH WAS CAUSED BY: _ IMMEDIATE CAUSE (o)	Card	are.	Tacleer	1			- thu	3 0	/ -
	43	DUE TO				34.193					/
`	Conditions, if	any, which ) (b)	Astosio	50	lerolic	C-	V Teas	cherry	/	0 1	uso
	gave rise ta couse (a), stating	immediate (	/ / 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			1886					
	lying couse last.										
CERTIFICATION	PART II. OT		IONS CONTRIBUTING TO D	EATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PAR	RT 1(o)	PERFO	RMED?
FIC	20g ACCIDENT W	AS LINIDERLYING TO 201	b. DESCRIBE HOW INJURY	OCCUPPED (	Fater acture of injury in	Part Lor Port	II of item IR )			TES [_]	№ □
CERT	OR CONTRIBUTING	AS UNDERLYING 201 G CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE HOTT INJORT	OCCORNED.	Lines figure or injury in	Tan Tor Tor	William 15.7				
MEDICAL		RY Month, Day, Yeor	20d. INJURY OCCURRED	20e. PLACE	OF INJURY (Home, form y, street, affice bldg., etc	20f. (City	or town)	(	County)		(State)
MED	Hour a.m. p.m.	19	While Nat while of work of ot work	raciar	y, sireer, diffice blug., elc	'					
		at (I) (this hasnital) a	attended the deceased	d from	19411 10	ta	1960	2 10	+1-	nat (1) (s	wal las
,	saw the deced	.77			th occurred at	40	, , -			,	
	220. SIGNATURE	- 1			ATTENDING		STAFF			221	SIGNED
	dor-	A. Jedla	ck	M.0		RECTOR	STAFF PHYS.	200			510112
1	22c. PHYSICIAN'S NAME (Type)	7 - 5.	-71- 6		22d. ADDRESS	77	77				
230	RIIPIAI CREMATIO	ON, 23b. DATE THEREOF	23c. NAME OF CE	METERY OR C			Q. Ave		OK	(Stote	
	REMOVAL (Specify	)			Cemetery		nium, Ma		nd	(3,0)(	-1
	urial FUNERAL DIRECTOR	Dec. 29,19	ADDRESS	nabar	25o. REC'	D BY REGISTE	RAR 25b REGIS	STRAR'S SI		HRE .	
		Sons, Tows			DATE	DEC 3 0	60	Irthur .			
0	om Duris	Dollo, Towoo	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		DAIL						

may be refact. By the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fixed in By page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages and the State Board of Health priar to burial, cremation, or removal, and in any event, within 72 haurs after death. TO HOSPITAL VR A15 (4) 15M 9/59

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

shauld be filed with funeral director, after death. Page

evoniting				naconid.	
		or almost (b)			
		nicewie dal	= = = = = = 0.10	and ar Car	u⊇ πουγό
t redn	most				
		Ter, maloro			Forel
200		bend on Y	uno uno		#21weeps
	yo.C.	I downwall will			H and T
					16 86
fent fra sel	c - <del>.</del>	L Daw or .	rado n' radi de	1,05 ,463	Lite
			brulguatt ,no	eup! Tous	111 118 118

W. PRESTON STREET, BALTIMORE 1, MARYLAND 3,8 FilmG278 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) PLACE OF DEA is necessary, lirector. Page your files. e. COUNTY a. STATE b. COUNTY BALTIMORE MARYLAND MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) your dof h write RURAL and give nearest town) DUNDALK DUNDALK 0 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. 15 RESIDENCE ON A FARM? 1638 Gray Place 1638 Gray Place YES NO NAME OF Middle DATE Grebos DECEASED 2 with the OF (Type or print) ould be executed within 24 hours after death. If in pencil in Item 18. Give Pages 1, 2, and 3 to the Office along with form PM3. Page 5 may be at burial-transit permit. File pages 1 and 2 with the worst and in any event within 72 hours after with a part and in any event. DEATH MARGARET December Reva 19 60 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthdey) Female WIDOWED [ DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (Ifyas giva war or dates of sarvice) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary edema and congestion DUE TO removal, Epileptic seizure Conditions, if any, which (b) geve rise to immediate ceuse re the certificate, writing the word "pending" forwarded to the Chief Medical Examiner's L DIRECTOR: Page 3 should be used as a sted agent, prior to burial, cremation, or ref DUE TO (a), steting the underlying Cerebral developmental anomaly (Microgyria couse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19, WAS AUTOPSY PERFORMED? NO [ CERTIFICA 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, Month, Day, Year 20f. (City or town) (County) (Stata) factory, street, office bldg., etc.) While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy 🗶 . Inspection Inquiry and in my opinion Accident Suicide Undetermined manner death resulted from: Natural causes Homicide CHIEF MEDICAL EXAMINER T designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER should be for SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S W. Bradley King, Jr., M.D. NAME (Type) Address (Streat, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION. 22b. DATE THEREOF. 22d. LOCATION (City, town, or country) (Steta) REMOVAL (Specify) Q40 9 KEMOVAI 24a. REC'D BY REGISTRAR ! VS. A15ME DEC 2 7 '60 arthur & Krous 5M 7/59 DATE

and 3 to the fun

"pending"

EXAMINER:

DEPUT

MARYLAND STATE DEPARTMENT OF HEALTH

and poor and a consult 0.1190 THE WELL CENTRAL EUR ESTELLISTE Secure Teachers and Teacher of The Season of Length September 1990 (1990) 12,557,60 

0

ofter death. Poge 4

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

-	9 0	1 1	11	0
	13	54	J	n

	100% CEKTIFIC	ALE OF DEATH	10300	
1.	LACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institute p. STATE b. COUNT.		
Ba	Trimore County MARYLAN	MARYIAND	BALTIMORE	
	CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town)	b c. CITY OR TOWN (If outside corporate limits, write	RURAL and give nearest town)	
M.	. Wilson, Maryland	XISHLTIMORE GILY		
1	I. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION	13 410 HODKINS AV	ENUE ON A FARM YES IN NO	MP
<b>=</b>	t. Wilson State Hospital		EN CE TES LINO	4
3.	NAME OF Middle  PECEASED  Type or print)  HARRY  JOSEPH	GROB DEATH DEC,	onth Day Yeor	00
S.	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In year	s IF UNDER 1 YEAR IF UNDER 24 H	HRS.
L	MALE VYH TOWIDOWED DIVORCED	1100,1/1873 65 m	s.	
100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN pluring most of working life, even if retired)	IDUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNT	TRY?
1	TOUSE MAINTER STENERAL MA	INTING SALTIMORE VIG	1. 45/	-
13:	PATREDT GRAR	MAGGIZ WEHR	2	
15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 12		ddress	
	, no, or unknown)	Mospital Records, Mt. Wilson		
F	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]		INTERVAL BETWEE	
19	PART I. DEATH WAS CAUSED BY:	A DE LUNG (PL)	ONSET AND DEAT	TH
	IMMEDIATE CAUSE (o) CARCINION	TA CI EGNOS (SICA)	ERAL) GNCEIN	17
	DUETO PULLO PARA PARA PARA PARA PARA PARA PARA PAR	DV FA DIVITION	1,	
	Conditions, if ony, which gove rise to immediate (b)	RY EMPAYEEMA		
	couse (o), stoting the under-			
	lying couse lost. (c) / NE-CIMO TI	HORAX		
NO N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G	IVEN IN PART 1(0) 19. WAS AUTO	PSY
N.			YES NO	
CERTIFICATION	20g. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Port I or Port II of item 18.)		
G. R.	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
K	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e.	. PLACE OF INJURY (Home, form, 20f. (City or town)	(County) (SI	stote)
MEDICAL	Hour o. m. White Not while	foctory, street, office bldg., etc.)	(444.11)	
×	p. m. 19 ot work ot work		177 /	
	21. I certify that (I) (this hospital) attended the deceased fra	m. NOV, 21, 1960 to DEC /	4, 1960, that (1) (we)	last
	saw the deceosed olive on DEC 14 19/01), and the	at deoth occurred ofM, from the causes o	and on the date stated abo	ove.
	220. SIGNATURE	F	22b. DAT	TE
	1/Mencine	M.D. PHYS. DIRECTOR PHYS.	12-14	INEL
	22c PHYSICIAN'S	22d. ADDRESS	7	-
	Wm. Newcomer, M.D., Superintendent	Mt. Wilson State Hospita	al. Mt. Wilson, I	Md
23	BURIAL, CREMATION, 23b, DATE THEREOF 23c, NAME OF CEMETER			-34
2.51	REMOVAL (Specify)			
	Burial 12/17/60 Lorraine		Maryland	
24	UNERAL DIRECTOR'S SIGNATURE ADDRESS		SISTRAR'S SIGNATURE	
	With the new tours 1.	Dello 17 Monte DEG 1 6 '60	Wither S. Flrank	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in bureal director, page 3 shauld be detached far use as the buriol-transit permit. Then please remove carban papers. Pages 2 should be filed with the State Board of Health prior to burial, crematian, ar remayol, and in any event, within 72 hours offer death. VR A1S (4) 15M 9/S9

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

TO HOSPITAL

	TO THE LABOR TO THE WAY WAS			
80151			asaal	
			W 10	
				n
		)		

1919 BOSON L pressinger 6. natibleadly Horny (soliton Symbols - Gerales : Notaleur manufactured to the state of th A SHARP OF THE STATE OF Saucel 17 3/18 El Extens 18 El no E Leenard J. Laux 5305 Hargord Rain

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

49/91

13498

	13431		CEKII	FICA	TIE OF L	EAII			Reg	Dist. N	0.	
o. COUNTY	Baltimor	e	MARY	LAND	2. USUAL RESID	aryl		d lived. If insti b. COUN		sidence bel Balt		
b. CITY OR TOWN (I	f outside corporate limi corest lown)	ls, write	c. LENGTH OF STAY	IN 1b	c. city or t	0	outside corpo	orote limits, writ	RURAL	and give n	earest town	)
d. NAME OF HOSPIT	At (If not in hospitol, g 714 Pinev		ddress) Drive		d. STREET A		newoo	d Driv	е			FARM?
3. NAME OF DECEASED (Type or print)	Fir Johr		Middle		tos Guzinsk		4. DATE OF DEATH	De	cemb			Yeor 19 60
s. sex Male	6. COLOR OR RACE White	7. MARRI WIDOWEI	DIVORCE		oct. 15		381	9. AGE (In yet	) Mon			R 24 HRS. Min.
during most of mort	ON (Give kind of work sing life, even if religed, ter Dept.	done 10b. K			more	Pola	-	ountry)	12		OF WHAT	COUNTRY
	lexander					MAIDEN						
5. WAS DECEASED EVE	R IN U. S. ARMED FOR		None		rs. Tek	la S	Snyde		Pir	newoo	d Di	. 22
	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o		e for (o), (b), and (c).		Y THE	ROM	Bos	15			TERVAL BI	DEATH
Hao Conditions, If a	DUE TO		RTERI	050	LEROT	710	C. V.	Dis,			YRS	1
gove rise to i cause (a), stoting lying couse lost.												
CATIO	IER SIGNIFICANT CON	DITIONS <u>C</u>	ONTRIBUTING TO DEA	ATH BUT	NOT RELATED TO	THE TERM	INAL DISEAS	SE CONDITION	GIVEN IN	PART 1(o)	PERFO	AUTOPSY PRMED?
	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY O	CCURRE	). (Enter noture o	f injury in	Port I or Por	rt II of item 18.)				
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	20d. IN While of work	Not while of work	20e. PL/ for	ACE OF INJURY (I tory, street, office	Home, form bldg., etc	m, 20f. (Cit c.)	y or town)		(Count)	r)	(Stote)
21. I certify the	at I attended the	decease	7.3	death	accurred at	47	M. fra	m the cause				deceased
ACTUAL SIGNATURES	leplow (	no	chanole		M.D. 671	1 H	PER INCHES	BIRDA	un, state)	4 17 11	D	ATE SIGNE
0	EPHENC	HACK	towiak.	671	YHOLA.	BIRL	Au.	BALTIM	TORE	22	16.	2-7-6
PREMOVAL Specify		-	Holy Ro	ETERY O			Ge rm	TION (City, Iow	n, or cou		(Sto	e)
23. FUNERAL DIRECTOR	S SIGNATURE	Tof A	ADDRESS	2	7		D BY REGIS		GISTRAR	'S SIGNAT	URE	

may be reformed by the haspital or attending physician.

Defuneral LowERAL LowEETOR: After this certificate has been signed by the attending physician and completely filled in page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and Zethauld be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours offer death. TO FUNERAL

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

TO HOSPITAL VS A15 (4) 15M 9/55

DOMESTY.	CERTIFICATE OF DEATH	
		muliant i
The Etc.		
	to the later of th	
	The second secon	A STATE OF THE STA
		A Section of the second of the
		THE RESIDENCE TO SERVICE OF
enter (St. St.) was the 1 to 4.		
A DESCRIPTION ASSESSMENT		

STEETHOMINATE HTUSSIESO THIMITED TO ATEROMATIVEAM

VR A1S (4) 1SM 9/59

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

**CERTIFICATE OF DEATH** 

13599

13490

Veterans Administration Hospital   G18 South Grundy Street (24)   ONA Veterans Administration Hospital   G18 South Grundy Street (24)   ONA Veterans Administration Hospital   Ona Street   Ona Street	nission)										
1	RURAL and give nearest to	wn)					outside corpo	rote limits, write	RURAL ond giv	e nearest to	The company
	d. NAME OF HOSPITAL (If n	Mary Lan	ve street addr						- V O	e. IS I	RESIDENCE A FARM?
A		nistrat	ion Ho	spital	6:	18 South Gr	rundy S	Street	(24)		□ NO ₩
4	3. NAME OF	Firs		Middle		Last	4. DATE	М	lonth	Day	Year
		CHARLE	S	h.H.	HA	GEY	DEATH	Decembe	er	19	19 60
1	S. SEX 6. CO	LOR OR RACE	7. MARRIED	NEVER MARRIED	8. D/	ATE OF BIRTH		9. AGE (In yeo			
1	Male Wh	ite	WIDOWED [	DIVORCED [	Au	gust 2, 189	94			ays Hou	rs Min.
1	10a. USUAL OCCUPATION (Giv	kind of work d	one 10b. KINI	OF BUSINESS OR INC	DUSTRY	11. BIRTHPLACE (Stote	or foreign co	ountry)	12.CITIZE	N OF WHA	TCOUNTRY?
1		even ir retired)	Dri	ving		Baltimor	re . Mary	rland	U	U. S	. A.
/	13. FATHER'S NAME				14						
1	John Hagev					Elizabeth	Stout				
	15. WAS DECEASED EVER IN U.	S. ARMED FORCE	ES? 16. SOC	IAL SECURITY NO. 17	INFOR		Doodo	A	ddress		
				4-01-7410 C	:lin	ical Rec. V	AH. Ba	ltimorel	18.Ma. Ft	Howa	rd Div
										INTERVAL	BETWEEN
	PART I, DEATH WA	CAUSED BY:	BILA	TERAL BRONG	CHOP	NEUMONIA W	ITH AB	SCESS			
1	1101		FORM	ATION		MILE NO.	Law Sea		UL4SIII		
	Conditions, if any, wh	ion)	RRON	CHOCENTC CA	RCT	NOMA OF THE	एक्स अ	TING W	TTH		
	gove rise to immedi-	ote (									
		er- puriture (c)							,	UNKI	NOWN
	PART II. OTHER SIG	NIFICANT COND	ITIONS CON	TRIBUTING TO DEATH B	IUT NOT	RELATED TO THE TERM	NINAL DISEAS	E CONDITION (	SIVEN IN PART	PER	FORMED?
		ERLYING   I JSE OF DEATH AL EXAMINER)	20b. DESCRIB	E HOW INJURY OCCUR	RED. (Er	nter noture of injury in	Port I or Por	t II of item 18.)	Ref		
	Y 20c. TIME OF INJURY Mor Hour o. m. p. m.		While	Not while	PLACE foctory,	OF INJURY (Home, farm street, office bldg., etc	m, 20f. (City c.)	or town)	(Co	unty)	(Stote)
	21. 1 certify that (外(	this haspital)	attended	the deceased fran	n_ 0	ctober 30d9	60 , to I	December	19 19 60	that N	(we) last
	saw the deceased al	ive an Dec	. 19,	_1960 , and that	t deat	h accurred atp	_M, fram	the causes	and an the	date stat	ed abave.
	220. SIGNATURE	1/2	8 0/1	X			31-130		12300		22b. DATE
	gearl	241	THEY	mille	M.D.	PHYS. D	RECTOR	PHYS.	20.00	1	2/20/6
	NAME ITYPE		47	Y		22d. ADDRESS					
	GEORGE C.	MC ELFA	TRICK,	M.D.		VAH. Balti	more,	18.Md.F	T HOWAR	D DIV	ISION_
		. DATE THEREO	F 23	c. NAME OF CEMETERY	OR CR						
	Burial /6	1/22/6	0	Oak Lawn (	Ceme	tery	Balti	more CC		Mary.	land
	24. EUNERAL DIRECTOR'S SIGN	ATURE 32/	8 Hu	don St. Bo	Ito		DEC 2 2		GISTRAR'S SIGN		
t	Clarence F.	Hoffman	, 3218	Hudson St.	, Βε	ilto.Md.	rest de				

power.				
			P4261	
	Fig. 28		E.*	
			and the state of the	
		12.00		
	An instant		Α.	
	Party and any area.	and a marketing		
	and the relation			
	er verifietell, makerij tyse nas Er verifietell, makerij tyse nas		.com a mis mis une	
HVS par				
	· · · · · · · · · · · · · · · · · · ·			
			and the delication	

1	3	5	9	1
		17	7.	

ATENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4

TO HOSPITAL

VR A15 (4) 15M 9/59

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 haurs after death.

1. PLACE OF DEATH 6. COUNTY Baltimore			MARYL		usual RESIDE p. STATE aryland		ere deceased	lived. If instit b. COUN		Residence	before admis	sion)
	If outside corporate limits	, write	c. LENGTH OF STAY IN	V 1b	c. CITY OR TO	WN (If ou	utside corpor			L ond give	e nearest tow	n)
Fort Howar			7 Days	E	altimo:	re			17)	N.S		
OR INSTITUTION	AL (If not in hospital, giv				d. STREET AD			-	1/	11-	e. IS RES	SIDENCE A FARM?
Veterans I	Administrati	on E	lospital	2	310 Ed	gemon	t Aver	nue -	V	UI	YES	NO X
3. NAME OF DECEASED (Type or print)	First		Middle L.	НА	Last I.I.		4. DATE OF DEATH		Month emb	er	Day 12	Year 1960
5. SEX								9. AGE (In year	ors IF L			
Mole				- 1	bruary	8,18		last birthdoy	() Mo			Min.
10a. USUAL OCCUPATIO	ON (Give kind of work do	ne 10b.	KIND OF BUSINESS OR				-	untry)		12. CITIZE	N OF WHAT	COUNTRY
Laborer	king life, even if retired)	N	Moving and S	Storag	e Ell	icott	Zity	Maryla	nd	U. 8	5. A.	
13. FATHER'S NAME											. BY	4
James Hall	1.				Unknow	n						
15. WAS DECEASED EVE	R IN U. S. ARMED FORC	ES? 16.	SOCIAL SECURITY NO.	17, INFOR	MANT			A	ddress			
			16-10-7646	Clin.	Rec. VA	H,Bal	to.18	,Md.FOF	T H	OWARI	D DIVI	SION
gove rise to i	ny, which (b) mmediate (VMAY)	AN	IASARCA	[S							1 WEE	K
PART II. OTH									GIVEN I	IN PART 1	PERF	ORMED?
20a. ACCIDENT WAY OR CONTRIBUTING (IF EITHER, NOTIFY											723 (2)	, ,,,,
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yeor	While	Not while					or town)		(Cou	unty)	(Stote)
saw the decea	at (F(this haspital) sed alive an Dec.	attend	led the deceased f	ram Dec	ember	111.31						,
Fuden	le S. O.	Zn	elle	M.D.		DIR	D. RECTOR	STAFF PHYS. 2			12/1	25/86D
	C.S. DONALD	SON,	M.D.				MORE_]	8,MD.,	FT.I	HOWAF	D_DIV	ISION
Male  Colored   WIDOWED   DIVORCED   February 8,1895   635 birtholy   Months   Doys   Hours    Doys   Hours   Doys   Hours   Doys   Hours    Moving and Storage   Ellicott Eity, Maryland   12.Citizen of what account of working life, even if relived    Laborer   Moving and Storage   Ellicott Eity, Maryland   12.Citizen of what account of working life, even if relived    Laborer   Moving and Storage   Ellicott Eity, Maryland   12.Citizen of what counting life, even if relived    Moving and Storage   Ellicott Eity, Maryland   12.Citizen of what counting life, even if relived    Moving and Storage   Ellicott Eity, Maryland   12.Citizen of what counting life, even if relived    Moving and Storage   Ellicott Eity, Maryland   12.Citizen of what counting life, even if relived    Moving and Storage   Ellicott Eity, Maryland   12.Citizen of what counting life, even if relived    Moving and Storage   Ellicott Eity, Maryland   12.Citizen of what counting life, which is accounted to the life of life, even if relived    Moving and Storage   Ellicott Eity, Maryland   12.Citizen of what counting life, which    Moving and Storage   Ellicott Eity, Maryland   12.Citizen of what counting life, which    Moving and Storage   Ellicott Eity, Maryland   12.Citizen of what counting life, which    Moving and Storage   Ellicott Eity, Maryland   12.Citizen of what    In Moving and Storage   Ellicott Eity, Maryland   12.Citizen of what    In Moving and Storage   Ellicott Eity, Maryland   12.Citizen of what    In Moving and Storage   Ellicott Eity, Maryland   12.Citizen of what    In Cause of Death   Enter only one course per line for (o), (b), and (c).    PARTI. DEATH WAS CAUSED BY:  Conditions, if any, whith    (b) CANSTRUME   Cause of Death    (c) CARDIAC HYPERTROPHY   AND DILATATION WITH VALVULAR    MASARCA   1 WEEK    MOVING AND ANSARCA   1 WEEK    MOVING AND ANSARCA   1 WEEK    MOVING AND ANSARCA   1 WEEK    MOVING ANSARCA   1 WEE												
		60	Baltimore	e Nati	onal.		Balt:					and
rlington S.	Phillips, 18	308 1	N. Monroe St.	.,Balt	o.Md.	DATEC	15'60	a	rithma	8. Th	aud	

1. PLACE OF DEATH  o. COUNTY  BALTI	MORE CO.		MARYLA	o STATE	SIDENCE (WI		lived. If institution b. COUNTY		efore odm	
b. CITY OR TOWN ( RURAL and give in TOWSON	(If outside corporate limi nearest town)	ts, write	c. LENGTH OF STAY IN	1b c. CITY O	R TOWN (IF o		ate limits, write R	URAL ond give	nearest to	wn)
d. NAME OF HOSPI OR INSTITUTION	TAL (If nat in haspital, g	jive street (	address)	d. STREET	ADDRESS					ESIDENCE A FARM?
115 STE	VENSON LANE	:			115 S	TEVENS	ON LANE		YES	□ NO
3. NAME OF DECEASED (Type or print)	ELLEN		Middle SARAH	HAMILTON	Last	4. DATE OF DEATH	Mon DECEMBER		Day 7	Year 19 <b>60</b>
S. SEX	6. COLOR OR RACE		NEVER MARRIED				9. AGE (In years lost birthdoy)	Manths Do		-
FEMALE	WHITE	WIDOWE	KIND OF BUSINESS OR I	=  COTODDIT		916	44 yrs.	12 CITIZEN	I OE WHA	TCOUNTRY
HOUSEWUFE	rking life, even if retired	)	WI HOME		RYLAND		unity)	USA		TCOUNTRY
13. FATHER'S NAME				14. MOTHER	S'S MAIDEN N	NAME				
THOMAS I	PRATT			C	AROLIN	E PASQ	UAY			
	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFORMANT			Add	ress		
NO	NONE		NO	FAMIL	Y RECO	RDS				
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (d	, <u>H</u>	e for (o), (b), and (c).]	Como					INTERVAL ONSET AN	BETWEEN ND DEATH
Canditions, if	DUE TO	0	rrinon	na of	Cali	871			5	
gove rise to couse (a), stoting lying couse last.	the under-									
PART II. OT	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED	TO THE TERM	INAL DISEASE	CONDITION GIV	'EN IN PART 1(	PER	S AUTOPS
OR CONTRIBUTING	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCC	URRED. (Enter nature	of injury in	Port   or Port	II of item 18.)			
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Day, Ye	ar 20d. IN While ot work	_ Not while _	e. PLACE OF INJURY factory, street, aff			ar tawn)	(Cou	nty)	(Stot
21. I certify the	100	ottend	ed the deceosed from 1960, and the	om. // _ /	0 10	1	2-18 The causes on			
220. SIGNATURE	m. R. Tre	22/2	Join	M.D. ATTEND	ING DA M	ED.	STAFF PHYS.	12-		22b. DATE SIGNE
22c. PHYSICIAN'S	an R.	Xu	mpkin	22d. ADI	14 S	T. S.	2015	1- Bro	Itoz	Md
23a. BURIAL, CREMATIC REMOVAL (Specify BURIAL		)F	DRUID RIDGE			-	ESVILLE,		(S	itate)
24. FUNERAL DIRECTOR		/	ADDRESS	7.1		D BY REGISTI	RAR 2Sb. REGI	STRAR'S SIGN	ATURE	THE ST
Loku L	Durin W	com	KAWA	on that	DATE	DEC 21'	60	Inthur S.	Thousa	

10081			TELET	
250 V11-065				
		13.5.00		11:
2		TO STAN		
	14	101,136	THE STATE	
		NE MICESTADE	TIAIL	A BAPAT
		STREET, VILLEY		
				lease and
	,	(Lagrand Denie 20	.//·Ľ	

13502

2 should be filed with may be retait. By the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by page 3 should be detached for use as the burial-transit permit. Then please remave carbon popers. Pages 1 and the State Board of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/59

ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs

TO HOSPITAL

after deoth. Poge 4

		3531		CEKTIFIC	AIE	OF DEAT	n				
1	PLACE OF DEATH o. COUNTY BALTIMOR	E		MARYLAND	- 11	USUAL RESIDENCE  5. STATE  Maryland	(Where decease	d lived. If institution b. COUNTY	an: Residence		ion)
_	b. CITY OR TOWN (I RURAL and give no BOWLEYS	CONTRACTOR	write c. LENG	TH OF STAY IN 18	×	c. CITY OR TOWN	(If outside corpo uarters		URAL and give	nearest taw	1)
7	d. NAME OF HOSPIT OR INSTITUTION POUT # 1	TAL (If not in haspital, give 4 Box 632	street oddress)		1	d. street address Route # 1	.4 Box 6	532			FARM?
	3. NAME OF DECEASED (Type ar print)	First Grace	F 34	Middle		Lost Hamilton	4. DATE OF DEATH	Mon Decem	. ,	/	Year 19 60
	s. sex Female	6. COLOR OR RACE 7.	IDOWED _	EVER MARRIED TO	5/	TE OF BIRTH 20/1879		9. AGE (In years fast birthday) 82 yrs.		ys Hours	Min.
	during mast of war	ON (Give kind of work don king life, even if retired) Dressmaker		BUSINESS OR INI	DUSTRY	11. BIRTHPLACE (St	+ 37-	cauntry)	12. CITIZE	N OF WHAT (	COUNTRY
		Hamilton	S? 16. SOCIAL S	ECUDITY NO. 137	. INFOR		n name	bbA			
		R IN U. S. ARMED FORCE: (If yes, give war or dates of service		06	Mrs.		lughes	Bowleys	Quarte		
		mmediate (	a per line far (a),  Creba  Ration	(b), and (c).]	las cere	occió	lent la di	isluse		INTERVAL BE	DEATH
)	20a. ACCIDENT W. OR CONTRIBUTING	AS UNDERLYING 200 CAUSE OF DEATH MEDICAL EXAMINER)	abete	s me	el.	RELATED TO THE TE			/EN IN PART 1	(a) 19. WAS PERFO YES	DRMED?
	20c. TIME OF INJUI Haur a. m. p. m.	RY Manth, Day, Year 19	20d. INJURY OG While Nat at wark at v	while		OF INJURY (Hame, street, affice bldg.,		y ar tawn)	(Cau	inty)	(State
		sed alive an Described Louis SE				ATTENDING PHYS.  22d. ADDRESS	MED. DIRECTOR □	STAFF PHYS.		date stated	
	23a. BURIAL, CREMATIC REMOVAL (Specify Burial			timore Co	or cr			timore.	or county) Marvlar	(Sta	te)
	24. FUNERAL DIRECTOR	'S SIGNATURE	AD	PRESS	m	25a. R	EC'D BY REGIS	TRAR 25b. REGI	STRAR'S SIGN	ATURE	

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13503 CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY  Baltimere MARYLAND	2. USUAL RESIDENCE (Where daceased lived, If institution: Residence before edmission) a. STATE b. COUNTY
b. City OR TOWN (if outside corporete limits, write RURAL and give neerest town)  Fort Heward  2 DAYS	c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town)  Baltimore
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  Veterans Administration Hospital	d. STREET ADDRESS 3921 Belvieu Ave. S. IS RESIDENCE ON A FARM?  YEO XAISTRICTION STREETS  NO T
3. NAME OF DECEASED Served as: William Middle H	AWKINSON  4. DATE Month Dey Yeer OF DEATH December 30 19 60
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH  9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.  1   IF UNDER 24 HRS.  Months   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Chauffeur  13. FAIHER'S NAME	TRY 11. BIRTHPLACE (County & Stete, or foreign country)  Maryland  14. MOTHER'S MAIDEN NAME
Frank Hawkins	Nellie White
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Iffyes give war or dates of service)	
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  CARDIAC HYPERTROP	HY AND DILITATION WITH
Conditions, if any, which geve risa to immediate cause (a), stating the underlying cause lest.  CONGESTIVE FA  HYPERTENSIVE CARD  (b)  (c)	ILURE UNKNOWN IOVASCULAR DISEASE 10 PLUS YEA
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N  BRONCHOPNEUMONIA - 4 DAYS	PERFORMED? YES NO
	D. (Enter neture of injury in Pert I or Pert II of item 18.)
	ACE OF INJURY (Home, ferm, ctory, street, office bldg., etc.)   (City or town) (County) (Stete)
21. I certify that A) (this hospital) attended the deceased from saw the deceased alive on December 30 1960, and the	December 28, 1960, to December 30, 1960, that (X) (we) last death occurred at 20, 1960, from the causes and on the date stated above
6 harles Allen,	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. TO 12-31-60
22c. Physician's NAME (Type) Tharles Allen M.D.	VAH Baltimore 18 Md - Ft Howard Division
23a, BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERS Burial Baltimore Na	tional Baltimore Maryland
Arlington S Phillips  1808-10 N Monroe  Raltimore 17 Md	St DATE JAN 3 '61 Crima & Trous

TO HOSP... OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed. 24 hours attended to the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Joss I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

15M 9/60

La grang Adalaha ya nino Positsi. -- Berved as: William

LATERIA.

en.ih:

Aprile Brain

branco i bre

THE THE PARTY

Dest Tree

gro it is 2 DAYS

SAPERING TOTAL CONTRACTOR

tonett with the the

December 50

227-07-2832 Order too 27:2 Telt from 18 Ed - 18: Mayard Date.

CATCHAG RESERVOICE AND DELETANT OF THE

DIFFERENCESIVE CAMPIONASCULAR PRESENT

RECORDER MARINE - L DATE

December 25 to Tecember 30 60 v 4

Charles Allen ... W. Vallantinore lo Ma .. t injured Sivietan

ta eranol 1 VI-3041 agtilia a normaliza

ergal //F/6/ Halphone Stional sulfamore latyless

0

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the State Board of Health priar to burial, cremation, or removal, and in any event, within 22 hours ofter death.

TO HOSPITAL

VR A15 (4) 1SM 9/59

1												
	PLACE OF DEATH o. COUNTY  BA	LTIMORE		MARYL		o. STATE  MAR	E (Where d	b	If institutio COUNTY	n: Residence	before odr	nission)
		f outside corporate limi	ts, write	c. LENGTH OF STAY I	N 16	c. CITY OR TOWN	(If outside	corporole lin	nits, write RL	RAL ond giv	e nearest to	own)
1	RURAL ond give no			75 DAYS		DATE TA C	T					
P	ORT HOWAR	'AL (If not in haspital, g	ive street			d. STREET ADDRES	A =				Te. IS	RESIDENCE
1	OR INSTITUTION	At (II not in haspitot, g	ive arrect	Guaressy					A	216	10	A FARM?
V	ETERANS A	DMINISTRATI	ON H	OSPITAL		227 MIDL	AND	GIOINELY		04	YES	□ NO □X
	NAME OF DECEASED	Fir	st	Middle		Lost		DATE	Mont	h	Day	Yeor
	(Type or print)	TADIS	YO	McDONA	ID	HAYWOO		DEATH	Dece	ember	70.	19 60
S.	SEX	6. COLOR OR RACE	7. MARE	NEVER MARRIE	р □ В.	DATE OF BIRTH		9. AG	E (In yeors	IF UNDER 1	YEAR IF U	NDER 24 HRS.
	MATE		WIDOW	The state of the s		MARCH 15.	7805	65	birthdoy) yrs.	Manths D	oys Hou	ers Min.
100	O POR BUILDING	COLORED	1	KIND OF BUSINESS OR			1895		,	12 CITIZE	N OF WHA	AT COUNTRY?
1.00	during most of war	king life, even if retired	)	KIND OF BUSINESS OF	11400311	The second				Ta. Citize		NI COOMINII
	SAMPLE CA	RRIER				0.4886.9	YLANI			U	S.A.	
13.	FATHER'S NAME					14. MOTHER'S MAID	DEN NAME					
	PHILLIP H	AYWOOD				ELLA J	OHNSO	N				
	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INFO	DRMANT			Addr	ess		
Ye	YES	(If yes, give war or dates of s	ervice)		CLTI	REC VAH	BALI	O 18 M	ת ידים ח	HOWARD	DTUT	STON
=			uva par li	ne far (o), (b), and (c).]	ODII	TOO TAI	ועמעו	O TO I	W-11	ACTION D		BETWEEN
		TH WAS CAUSED BY:									ONSET A	ND DEATH
	1	IMMEDIATE CAUSE (	GA	RCINOMA OF	LUNG	WITH META	STAS	S TO P	ANCRE	IS AND	UNKN	IOWN
	163X	RUEXT	IX	MPH NODES								
	Conditions, if o	ny, which ) (b	)									
	gove rise to i	mmediate (		U.S. PAPELLING TO				1000	55.00			
	lying couse last.	ine under-	1									
Z	PART II. OTI		,	CONTRIBUTING TO DEA	TH BUT N	OT RELATED TO THE 1	TERMINAL	DISEASE CON	DITION GIV	EN IN PART 1	(o) 19. W	AS AUTOPSY
15											YES	REORMED?
CERTIFICATION	20 ACCIDENT		201 055	COURT HOW IN HIRV OC	CHIDDED	/F	!- 04 !	0 11 -6	A 10 1		TES	NO L
ERTI	OR CONTRIBUTING	AS UNDERLYING A	200. DES	CRIBE HOW INJURY OC	CURRED.	(Enter nature of injur	ry in Port i	or Port II at a	irem rb./			
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)		La				16 C.O.				
MEDICAL	20c. TIME OF INJUR	RY Month, Day, Ye			20e. PLAC	E OF INJURY (Hame, ry, street, office bldg	, farm, 20	of. (City or tov	vn)	(Co	unty}	(State)
WED	Haur a.m.	19	While at war	Nat while	10010	i, incei, omee bigg	,, c.c.,					
1		A PM /ALC II				n+ 26	10 60	I. Doo	70	10 61	3 Ab A /d	S-1 \ 1
	21. I certify the	ir (m) (inis naspira	i) attend	ded the deceased (	rram	3:1	2 18.00	, .to_ <u>web</u>	•LU	, 170(	J mar (	(we) last
		sed alive an Dec	- TO	19 <u>00</u> , and	that de	ath accurred at	a,	fram the c	auses and	d an the	date stat	
	22a. SIGNATURE					ATTENDING _	MED.	STA	FFee			22b. DATE SIGNED
	/				Μ.	D. PHYS.	DIRECT	OR PHY	rs. X		12-	TO-90
	22c. PHYSICIAN'S NAME (Type)	armun T.	- tau	lk		22d. ADDRESS						
		ARTHUR T. F	AULK		M.I	. VAH BAL	TO 18	MD-FT	HOWAR	D DIV	ISION	
23	BURIAL, CREMATIC		OF/	23c. NAME OF CEME	TERY OR	CREMATORY	23d.	LOCATION (	City, tawn, c	r county)	(	State)
	REMOVAL (Specify)		60	BAITTMORE	E NAT	TONAL.		BATTTM		LARYTAI		
24	FUNERAL DIRECTOR	'S SIGNATURE	-0-	ADDRESS		250.	REC'D RY	REGISTRAR		TRAR'S SIGN		
				2020	nroe	St	E DEC 1					
P	TTTUE CON S	3. Phillips	Bal	timore, Md.		Į DATI	CAEA	0 00	Ca	Elug 8 9	Track	

13m				
1986			13.5	
			PRINCIPAL	
	2995.714			
tedoor				
	A SECOND OF STREET PARTY.		da vo	2141
DIRECTO LANGE	THE RESERVE OF STREET		, re	
	Surface - Fee. 10			
	or Torrest and May 11 to			
		EXPERIMENTAL TO	337	
			LEGIE .on	

- F

VS A15 (4) 15M 9/58

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13505 Reg. Dist. No

1		13534	CERTIFICA	ATE OF DEATH	Reg	Dist. No.
	1. PLACE OF DEATH d. COUNTY	altimore	MARYLAND	2. USUAL RESIDENCE (When	e deceased lived. If institution: Res b. COUNTY	idence before admission)
	b. CITY OR TOWN (I RURAL and give no d. NAME OF HOSPIT OP INSTITUTION	f autside carporate limits, write doest town)	10 yr Svi	C. CITY OR TOWN (If out	side corporate limits, write RURAL of	e. IS RESIDENCE
	Deckl	eysuille No	<i>f.</i>	Beckle	eysuille R	ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	Mary	$\mathcal{B}_{\iota}^{Middle}$	Henry	OF DEATH Decembe	Day Year 2, 1960
	5. SEX	WIDOV		Sept. 22, 18	77 Son bythday) Mont	
1	Juring most of world as I in a 13. FATHERS NAME	ON (Give kind of work dane) 10 king lifer even if retired)	e kind of Business or Indu	STRY 11. BIRTHPLACE (Stole or	in, Md. R.D.	CITIZEN OF WHAT COUNTRY?
1	1S. WAS DECEASED EVE	R IRUU. S. ARMED FORCES? 10 (If yes, give war or dates of service)	6. SOCIAL SECURITY NO. 1 15-14-1816 M	NFORMANT M M &	emmill Mille	rs. Mol R.D.
		ATH [Enter only one couse per ATH WAS CAUSED BY:	line for (o), (b), and (c).] rombosis region	of /Th Ventri	Iclo	INTERVAL BETWEEN ONSET AND DEATH
	433	DUE TO	Hombosts Legion	Or Alli vellor	rota	2. 141. 112. 123.
	Conditions, if a gove rise to i cause (o), stoting lying cause lost.	mmediate (	rteriosclerosis			10 y
)	3 Auricu	HER SIGNIFICANT CONDITIONS	/ 4	NOT RELATED TO THE TERMINA	al disease condition given in	PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
		AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)  20b. DE	SCRIBE HOW INJURY OCCURRE	D. (Enter noture af injury in Po	rt I or Port II of item 1B.)	
	20c. TIME OF INJUR Hour o. m. p. m.	Whil	1.	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
1		nat I attended the deced Dec.1 , 19 M. C. Pari	10	accurred at 5 105A	1, fram the causes and an operess (Street, city or town, state) tead, Md.	l last saw the deceased the date stated above. DATE SIGNED
	(-),	.C.Porterfield	0 3			
-	220 BYRIAL, CREMATIO REMOVAL (Specify) 23. BUNERAL DIRECTOR	12/4/60	ADDRESS ADDRESS	P 24g. REC'D	2d. LOCATION (City, town, or cour BY REGISTRAR 24b. REGISTRAR	ad Md. R.D
1	12000 NO	xxusium, 1	Jew Drivery	My VICE DATEDEC	5 '60 Culling.	

5 to 31 17 15 SE TO ALLE SERVE SERVED TO THE POST OF THE PO Signal of the second of the se TABLE TO A TO A SERVER THE AND A SERVER TO al a bell william of meaning the little a list a little of the little of 是以特殊。\$P\$ 每 因 2 生制 e 动 i k i iii attended and the The second secon

TE OF DEATH	ADMINIST TO THE SERVICE	
	The second of th	
The British Bullet on the		
	TALL CONTROL OF THE PARTY OF TH	

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

**CERTIFICATE OF DEATH** 13536

13507

MAI	Baltimore		MARYLA	O STATE		b. COUNTY	n: Residence bef	are admission)
IAI	RURAL and give no				WN (If outside carpo	prote limits, write RU		earest town)
		d, Maryland	42 Days	Balti		3100	4 (5)	
050	OR INSTITUTION	AL (If not in hospital, give stradinistration		d. STREET ADI	washingto	n Street		e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED	First	Middle	Last	4. DATE OF DEATH	Mont		Pay Year 1960
(=)	(Type or print)	ROBERT		HICKS	DEATH	Dadding		R IF UNDER 24 H
I	s. sex Male	6. COLOR OR RACE 7. M	ARRIED   NEVER MARRIED		1896	9. AGE (In years last birthdoy) 64 yrs.	Months Doys	
	10a. USUAL OCCUPATIO	ON (Give kind af work done I king life, even if retired)	06. KIND OF BUSINESS OR			country)	12. CITIZEN C	OF WHAT COUNT
	Operator  13. FATHER'S NAME	ring life, even it retired)	Chemical	Ralei	gh, N. Ca	rolina	U.	S. A.
	The state of the s	3	100,700		Burney			
	Androw High	R IN U. S. ARMED FORCES?	14 COCIAL CECLIBITY NO			and a Addre	M4	
	[Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECORITY NO.	17. INFORMANTClir				ADD DELL
	Yes	WW I		VAH, Baltin	nore 18, M	lary Land, F		
		TH [Enter only one couse pe TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ADENOCARCINO	MA OF PROSTA	TE WITH M	etastasis	TO	TERVAL BETWEEN NSET AND DEATH NKNOWN
	Conditions, if a		THE LIVER ABSCESS LEFT	™A™DOGGTGGG	TC RECTON			UNKNOWN
	gave rise to i	mmediote (	HESCESS, LEFT	PENTENODIAL	TO THOTON	GAT THE	2	m 4770
	cause (a), stating lying cause lost.	The Under-	EDEMA OF THE	LUNGS			)	DAYS +
•	lying cause lost.	HER SIGNIFICANT CONDITION			HETERMINAL DISEAS	SE CONDITION GIVI		
	Iying cause lost.  PART II. OTH	(c)		TH BUT NOT RELATED TO T	2001			19. WAS AUTOPS PERFORMED?
2	Iying cause lost.  PART II. OTH  20a. ACCIDENT W.  OR CONTRIBUTING  (IF EITHER, NOTIFY	S UNDERLYING   20b. I CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Day, Year 200 Wh	NS CONTRIBUTING TO DEAT	TH BUT NOT RELATED TO T	injury in Port I ar Pa	rt II of item 1B.)		19. WAS AUTOPS PERFORMED? YES NO
2	Iying cause lost.  PART II. OTH  20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY Hour .o. m. p. m.	SUNDERLYING   20b. II CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Day, Year 19  Ut (18) (this haspital) atter	DESCRIBE HOW INJURY OCCURRED 2  Note that while work at wark are a wark and a wark are also and a wark are also and a wark are are also and a wark	CURRED. (Enter noture of incompany of the foctory, street, office to the foctory).	ome, farm, 20f. (Cit	rt II of item 18.) y or town) December 1	(County	19. WAS AUTOPPERFORMED? YES NO (Stormer)
	Iying cause lost.  PART II. OTH  20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY Hour .o. m. p. m.	SUNDERLYING   20b. II CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Day, Year 19	DESCRIBE HOW INJURY OCCURRED 2  Note that while work at wark are a wark are a moded the deceased for the dec	CURRED. (Enter noture of incompany of the foctory, street, office to the foctory).	ome, farm, 20f. (Cit	y or town)  December 1  the causes and	(County	19. WAS AUTOPPERFORMED? YES NO (Stormer)
1	Iying cause lost.  PART II. OTH  20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJUR Hour o. m. p. m.  21. I certify the saw the decease 22a. SIGNATURE  22c. PHYSICIAN'S	AS UNDERLYING   20b. II  CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Day, Year 19  It () (this haspital) atte	DESCRIBE HOW INJURY OCCURRED 2  d. INJURY OCCURRED 2  inite Nat white work at wark 2  ended the deceased file 12 1960, and the second control of the secon	CURRED. (Enter noture of incomplete incomple	injury in Port I ar Pa	y or town)  December 1  the causes and	(County	19. WAS AUTOPPERFORMED? YES NO (Stock of the stated above 275. DATE 12/13
3 - 08	Iying cause lost.  PART II. OTH  20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJUR Hour o. m. p. m.  21. I certify the saw the decease 22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type) FREDERIC	AS UNDERLYING CONDITION  AS UNDERLYING CONDITI	DESCRIBE HOW INJURY OCCURRED 2  d. INJURY OCCURRED 2  inite Nat white work at wark 2  ended the deceased file 12 1960, and the second control of the secon	CURRED. (Enter noture of incomplete incomple	injury in Port I ar Pa	y or town)  December 1  the causes and	(County)  (County)	19. WAS AUTOPPERFORMED? YES NO (Stock of the stated above 275. DATE 12/13

Maryland

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 TO HOSPITAL VR A1S (4) 1SM 9/59

No.			11:381
Color of the same of the same of the			THE COUNTY OF TH
N S S S S S S S S S S S S S S S S S S S	<b>AMOTO</b>		mortelles
	Respublication of		Link Lakon vecs
The state of the s	Coccoudition USAL C.	And Parkers	referribuled of surnessy
NEED LOT WINES.		about the line	
	235 36 246		002
		Districtor	
	WESTER THE SPECIAL	2302120	The state of the s
		10000	
	and the second of the second	10000	
	STROKE LELE CHEL		
	and the selection in		
The state of the s		EL TOPPE	
		IİVI	
	TREADUC CONTACT ACCUSE	LIEUVE CHA	
· · · · · · · · · · · · · · · · · · ·	austi del di amieron		
MING CANDADATA			
			Julia 100 . 1 132 11.1.1
	v 14191.	AF the Light	
		E HOUSE LEED	

VR A1S (4) 15M 9/59

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

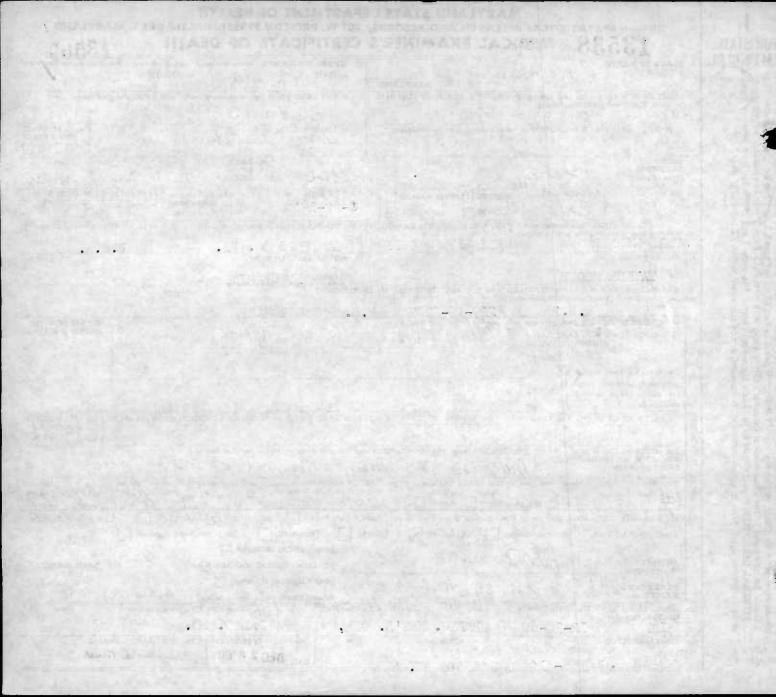
13508

	10001	021(111101				
1.	PLACE OF DEATH  o. COUNTY	MARYLAND	2. USUAL RESIDENCE (WH	nere deceased lived. If institution b. COUNTY	on: Residence before admission)	
_	Bullo		Maryle	ered 1	guero	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. LENGTH OF STAY IN 16	1 1/2 /2	outside corporote limits, write Rt	JKAL ond give nearest town)	
	appear	20 4/10		eu		
	d. NAME OF MOSPITAL (If not in hospitol, give street OR INSTITUTION	oddress)	d. STREET ADDRYSS		e. IS RESIDEN ON A FAR YES \( \square\) NO	SW5
3.	NAME OF First	Middle	Last	4. DATE Mont	th Day Year	
	OECEASED (Type or print) MARY	-E-HOF	FMAN	OF DEATH	-76 191	
S.	6. COLOR OR RACE 7. MARR	1	Nen-14-18	9. AGE (In years lost birthdoy) yrs.	Months Days Hours A	Min.
10	USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUN	VTRY?
	Hull 0	ive houl	Mear	yeurd	WSA	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME &	1.1.	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. II	NFORMANT	Weth XICLA	ress, "	0
(1)	s, no, or unknown) If yes, give wor or dates of service)	4-18-6993	Mary Hel	fuan- u	ppered Me	X.
	18. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY:	ne for (a), (b), and (c).]	20.0	17-1	ONSET AND DEA	ATH
	IMMEDIATE CAUSE (o)	( Jumes)	myrem	delia		
	Conditions, if ony, which ) (b)	hosplinke	Carlo Vac	scular Dese	?	
	gove rise to immediate ouse (o), stating the under-					
	lying couse lost. (c)					
CATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIV	PERFORME	OPSY D?
CERTIFIC	20g. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item 18.)		
¥	20c. TIME OF INJURY Month, Doy, Year 20d. I	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm	n, 120f. (City or town)	(County) (	(Stote)
MEDICAL	Hour o. m. While p. m. 19 ut wor	Not while	ectory, street, office bldg., etc			
	21. I certify that (I) (this haspital) attend	,			, 1966, that (I) (we)	
	saw the deceased alive an 12-2	19 60, and that	death accurred at 3A	M, fram the causes an	d an the date stated ab	ave.
	220. SIGNATURE	and a		ED. STAFF	22b.DA SIC /2 · Z 7	GNED
	PHYSICIAN'S Joseph E. Y	Bush MI	22d. ADDRESS	OSTEAD	Maryland	1
23	EMOVAL (Specify) 12-25-196	23c. NAME OF CEMETERY C	OR CREMATORY	23d COCATION (City, town	or county) Wistore)	
24	ELEVERAL DIRECTOR'S SIGNATURE	Harris pites	0 1///	D BY REGISTRAR 25b. REGIS	STRAR'S SIGNATURE	

8088L STATES PADENTED 2 19151 the said you will be a first of the cold the Collins marketile The Calmed to Calmerine diese A STATE OF THE PARTY OF THE PAR THE PSUSA POD HAMPLE CON DUCT 3 FLORE

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) HEALTH DEPT. 1. PLACE OF DEATH altimore e. COUNTY Page e. STATE b. COUNTY 1ana MARYLAND b. CITY OR TOWN (if outside corporeta limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) director. write RURAL end give mearest town of the record - Paricton Iluval -0 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitat, give street address) Boar a. IS RESIDENC ON A FARM? etained State YES NO NAME OF Middle DATE Month Yee DECEASED + Fe (Type or print) DEATH 6. COLOR OR RACI AGE (In yeers 5. SEX B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED ast birthday) Months Davs Hours Min. WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Pages 1, 2, dona during most of working life, evan if retired) STEEL WORKER BETHELHEM STEET U.S.A. CAMPBELL CO. VA. pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME in pencil in Item 18. Give TAYLOR HOGUE permit. File form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unknown) | (If yes give we ror detes of service) e along with f I-transit permit This certificate should be executed 229-09-4907 U.S. ARMY 18. CAUSE OF DEATH [Enter only one cause perlige for (e), (b), end (c).] INTERVAL BETWEEN 2 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (e) Office DUE TO burial removal, Conditions, if eny, which (b) "pending" geve rise to immediate cause 10 Examiner's DUE TO (e), steting the underlying SE cause lest. used PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED? Pe ease execute the certificate, writing the word NO X Medical pinous cren 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury In Pert I or Pert II of item 18. should be forwarded to the Chief Me FUNERAL DIRECTOR: Page 3 sho EDICAL EXAMINER: 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, fectory, street, office bldg., etc.) Salhin we Not While Harristru 19 (QO) et work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry and in my opinion death resulted from: Accident X. Suicide Undetermined manner Natural causes Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S DEPUT NAME (Type) Address (Street, city, town, or county) 22e, BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) BALTO. NAT'L. CEM. BALTO. MD. BURLAL 4 D 24e. REC'D BY REGISTRAR ! 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME DATE DEC 2 8 '60 J. Thous 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3539 CERTIFICATE OF DEATH

13539

13510

Pan Diet Na

	7000	,							Keg. Dis		
1. PLACE OF DEATH o. COUNTY Baltin	nore		MARY		a. STATE	land	are deceased	lived. If instituti b. COUNTY		e before o	dmissian)
b. CITY OR TOWN (If au RURAL and give neares	tside carporate limit st town)	s, write	c. LENGTH OF STAY	IN 1b	V	imore	utside carpore	ate limits, write R	URAL and g	jive nearest	town)
d. NAME OF HOSPITAL ( OR INSTITUTION 2 GWVI	If not in hospital, gi		ddress)		d. STREET	ADDRESS vnn La	ke Dri	ve			RESIDENCE ON A FARM?
NAME OF DECEASED (Type or print)	Firs Margar		Middle		Lo	151	4. DATE OF DEATH	Dec.		Day 960	Year
		7. MARRIE	DIVORCE		oril 6	- 0 - 1	9	9. AGE (In years last birthday) 86 yrs.	IF UNDER	1 YEAR IF	OURS Min.
On. USUAL OCCUPATION ( during most of working Self Employe B. FATHER'S NAME	life, even if retired)		oming Hous	e	Sec	tland s MAIDEN N		untry)		S.A	HAT COUNTR
James Horne  5. WAS DECEASED EVER IN Yes, no, or unknown) (If ye	U. S. ARMED FORCES, give war or dates of se	rvice)	OCIAL SECURITY NO		RMANT	Mc In		Add Gwynn Li	ress ake Dr	-i	
20a. ACCIDENT WAS U	ediate under:  DUE TO (c)  SIGNIFICANT CONE  NDERLYING  CAUSE OF DEATH		y bester						lis VEN IN PART	. P	Cys.  VAS AUTOPS ERFORMED?
(IF EITHER, NOTIFY MED 20c. TIME OF INJURY Hour o. m. p. m.		r 20d. IN. While at wark	JURY OCCURRED  Not while of work	20e. PLACE foctory	OF INJURY r, street, offic	(Hame, farm, ce bldg., etc.)	20f. (City	ar tawn)	(C	County)	(Stat
21. I certify that alive an 94  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)  20. BURIAL, CREMATION, REMOVAL (Specify)  BURIAL ALIVERATION ALI	Stephen 22b. DATE THEREO 12/21/60	196 d	2 and that will will a server of ceme	M.D.	3.	601	Speine 22d. LOCATI	he causes an eet, city or town, where the cause of the causes of the cause of the cause of the causes of	tures  or county)	alti	DATE SIGNI
23. FUNERAL DIRECTOR'S SI	THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSONS AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO PERSON NAMED	ns	Address Salls	n Ceme	nd		8Y REGISTR		Maryl STRAR'S SIG	SNATURE	

ifter death. Page 4 TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retolyted by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the registrar priar to burial, crematian, ar remaval, and in any event within 72 hours after death.

THE PROPERTY OF THE PROPERTY O 4 ----

ND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND 13540 CERTIFICATE OF DEATH funeral I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, If institution: Residence before edmission) a. COUNTY MARYLAND b. CITY OR TOWN (if outside corporeta limits. c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 writa RURAL end give peerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) Woodside Avenue Woodside Avenue completely NAME OF DECEASED OF aniel (Type or print) DEATH December AGE (In years | IF UNDER 1 YEAR last birthdey) and Months WIDOWED physician 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Baltimore, Maryland Ketured 13. FATHER'S NAME please attending Mary Le Doyen Loud M. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Then 16. SOCIAL SECURITY NO. 1 17. (Yes, no. or unkown) | (If yes give we ror detes of service) 1B. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (a), steting the undarlying ceuse lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY 2De. ACCIDENT WAS UNDERLYING | 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Port I or Port II of itam 1B.)
OR CONTRIBUTING | CAUSE OF DEATH for (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 2Dd. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 1 20f. (City or town) (County) Month, Dey, Yeer factory, street, office bldg., etc.) While Not While Hour a.m. at work at work 1960, to 12 \_\_\_\_ 1. S..., 19.60, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from ... [.] saw the deceased alive on... ATTENDING DIRECTOR PHYS. 22c. PHYSICIAN'S 3506 N. CALVERT, 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Spacify) Loudon Park (emetery Baltimore. Maryland 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

305 Hartord Road #14

DATE DEC 2 0 '60

Baltimore

same

arthur S. Kraus

INTERVAL BETWEEN

PERFORMED? NO

(Stete)

. IS RESIDENCE ON A FARM?

YES INO P

may be retained DIRECTOR: TO FUNERAL I VR A15 (4) 15M 9/60

STATE Table In about on I tour Supi cousine meane the William weather thought the secretary that the What is not a start of Distribute, Marchina - 1 Williams bloned in From the Mass storics W. Sowell ... and the top of down in the working the shad Brown April 2 and the April 2 and 1 and All the same of th WHITH PEEVELY IN SECTION ALLEASUERT, SHUELES, ME wilds 12/2/00 Loudon fack Caretray - bedruges, helyland Leonard S. Mack 5395 Hangord Good 274 James to a sure from

TO DEPUT

40 VS. A15ME 5M 7/59

## MARYLAND STATE DEPARTM

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON

TMORE 1, MARYLAND

	135	41 MED	DICAL	EXAM	INER'S	CERT	IFICAT	E OF	DEATH		13512
	ACE OF DEATH		110	m / - 11	mG2//	2. USUA	L RESIDENCE	CE (Whare da	ceesad livad, If in	stitution: Rasida	ance bafore edmissio
0.	Balt.	imore		MA	RYLAND	e, STAT	Maryla	nd	b. COUNT	Baltim	anna
b. 1	CITY OR TOWN (if	outsida corporeta limi	ts,	c. LENGTH OF		c. CITY			rata limits, writa		
		give nearest town) Ville				~	Donlari	370			
d.		AL OR INSTITUTION (	if not in hos	pital, give street	address)	d. STRE	Parkvi ET ADDRESS	тте			l e. IS RESIDENC
						1		D			ON A FARM
. NI	ME OF	r Road		Midd	la	Las	Manor	A. DATE	Manth	De	YES NO Year
DE	CEASED pe or print)			71100				OF	Foundain		
5. SE)		WILL				НС		DEATH	Decembe		7
2.0		6. COLOR OR RACE		Unki	RRIED	. DATE OF B		9.	AGE (In years   last birthday)	Months Deys	Hours Min.
	le	Colored	WIDOWE	En-mal .	RCED	UNKA			89 yrs.		, , , , , , , , , , , , , , , , , , ,
		ON (Giva kind of work king tife, avan if ratire		ND OF BUSINESS	OR INDUSTI	RY 11. BIRTH	PLACE (State	or foreign coul	ntry)	12. CITIZEN	OF WHAT COUNTR
	HANDY	MAN		MINE			Md			100	H.
3. FA	THER'S NAME					14. MOTHE	R'S MAIDEN	NAME			
		ONKNO	MM				UNI	KNONM			
		R IN U.S. ARMED FOR		SOCIAL SECURIT	Y NO. 17.	NFORMAN	T		Address		
	O, OF UNKOWN) (IT	yes giva war or dates of s	ervice)	UN KNOP	м .	15 F	10 45	£	x02 L	1. Fred	Pol
		EATH [Enter only one	cause per li	ne for (a), (b), er	nd (c).]	v. v. ~,	2113	0 0	77,	110	NTERVAL BETWEEN
10	PART I. DEATH	WAS CAUSED BY:		rioscler		andi arr	noul or	dices			INSET AND DEATH
	4	MMEDIATE CAUSE (a)_	MI COL	TOSCIEL	OUTC C	arutova	Scular	ursea	56		
	ノイフ	DUE TO									
1	onditions, if any, we rise to immedia	(D)									
-	), steting the un	- DUE TO									
CS	use test.	) (c)				-					
5	PART II. OTHER	SIGNIFICANT CONDIT	TIONS CON	TRIBUTING TO D	EATH BUT NO	T RELATED TO	THE TERMIN	AL DISEASE C	ONDITION GIVE	N IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
3											YES X NO
20	e. EXTERNAL CAL	USE WAS 2	Db. DESCRI	BE HOW INJURY	OCCURED. (	Entar neture of	injury in Pert	I or Part II of i	item 18.)		
C	MARY Or CON	NIKIBUIING [									
20	c. TIME OF INJUR	Y Month, Day, Yes	or   2Dd. I	NJURY OCCURR	ED   2De. PLA	CE OF INJUR	Y (Home, ferm,	, 2Df. (City	or town)	(County)	(State)
	Hour e.m.		Whila et work		fac	ory, street, off	ica bldg., etc.)				
-	p.m.	19			Jahawa ke	Id so Auto		la an a stila a	la and in		11.
150	Water to the same	at I took charge o	property.	,		-	The same of	Inspection	, Inquiry		d in my opinion
a	eath resulted fr	om: Natural ca	uses A,	Accident	, Suic		Homicide		etermined ma	nner	
		1115	1/2	//		CHI	EF MEDICAL E	XAMINER I			
	CTUAL GNATURE	Much	orry	X		M.D. ASS	ISTANT MEDI	CAL EXAMINE	R 🔀		DATE SIGNED
E	KAMINER'S D	32 1/2		0		DEP	UTY MEDICAL	EXAMINER [		1	2/19/60
	11111		Tisher			TOTAL TOTAL TOTAL		lty, town, or c			
	JRIAL, CREMATION	22b. DATE THERE	OF	22c. NAME OF	CEMETERY OF	CREMATORY	1	22d. LOCATI	ON (City, town,	or country)	(Steta)
B	02.AL	12/22/	60 1	VII _ 10 N	BAPI.	sV Cen	nevern	CLEN	Azm		md
23. F	JNERAL DIRECTOR	7		ADDRESS	.0	7 -1		D BY REGISTRA	AR   24b. REGIS	TRAR'S SIGNA	TURE
11	1/ 1	Lund		8801	Has Fore	1 121	DATE	27'60	art	hun S. Kra	as

Total fee the first of the firs	All the fact that the fact tha	STANSBURGASSES		
ALLY TOR DEC. TORE  BOX TO	149	ABU TO BIADUTYAN		
ALLEY COME CONTROL OF THE TOTAL	етопальной.			
The state of the s				a dwysi
AND STORE AND ST				
enable was manufactured by a constraint of the c				
ensemble of the control of the contr				
etaseis discretions in the constant of the con				
engapio permanente sus susceptibles de la companya		14 14 14 1		
			eric atvargionaleso	Fig. of the party of the con-
The state of the s				
	\$/61/91			

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13542

# **CERTIFICATE OF DEATH**

13513

1. PLACE OF DEATH  o. COUNTY Baltimore MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Resider o. STATE b. COUNTY	nce before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	1b c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS 204 Boulevard	IS RESIDENCE     ON A FARM?     YES  NO  NO  NO  NO  NO  NO  NO  NO  NO  N
3. NAME OF DECEASED Middle	Lost 4. DATE Month	Day Yeor
S. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO	DEATH ACLE.	19 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED [ Female White WIDOWED DIVORCED	lost birthdoy) Months	Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN during most of working life even if retired)	NDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CI	TIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	, , , , , , , ,
norman Wilson	tentres Emma	For
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no. or unbnown)   If yes, give war or dates of service)	Mrs Edgar Hulse	-
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Infaction	INTERVAL SETWEEN ONSET AND DEATH
Conditions, if ony, which)  (b) Cozmany Thank	erais.	10dai
gove rise to immediate couse (a), stating the under-lying couse lost.  DUE TO  (c) CTOTOL SCOTOL DE	leroais	1071.(3)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of injury in Port I or Port II of item 18.)	
TO C. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e Hour o. m. 19 While Not while of work of work	e. PLACE OF INJURY (Home, form, 20f. (City or town) (foctory, street, office bldg., etc.)	County) (State)
21. I certify that I attended the deceosed from 12-10 olive on 12-17-, 1960, and that de	ath occurred at 155%. M, from the couses and on t	
ACTUAL SIGNATURE MELONON R. Jallagen	ADDRESS (Street, city or town, stote)  M.D. 6269 Frederick Ave.	12-20-60
PHYSICIAN'S NAME (Type) Wolfmart K. Gallager Mil	D. Baltimore-28, Md.	
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETER 2000 100 100 100 100 100 100 100 100 10	Y OR CREMATORY 22d. LOCATION (City, town, or county)	(State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SI	

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 tuneral director, may be retailed by the haspital or attending physician.

2 FUNERAL CIRCOR: After this certificate has been signed by the attending physician and completely filled in page 3 shaufa be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, cremation, or remayal, and in any eyent within 72 hours after death. moy be reid TO FUNERAL JAN Poge 3 shauld b VS A1S (4) 1SM 9/SS

01861		Chilli	
	The Street of the		
			45 Jhi63 N
4.2			
Epologian			
the first of Cornel (Ann. 2021) and the first of the firs			
		100 C	

MARYLAND STATE DEPARTMENT OF HEALTH

AUTHOR 1, MARYLAND RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH director, iled with 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY filed MARYLAND Baltimore Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) ъ Fort Howard 30 days Federal sburg d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO TO 106 Park Lane Veterans Administration Hospital 0 puo 2 4. DATE First Month Day DECEASED OF DEATH OLIVER HURLEY death (Type or print) R. December 23 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH 1921 last birthdoy) 38 39 yrs. ofter Months Days Hours December 26. 1920 Male White WIDOWED T DIVORCED papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast of working life, even if retired) Mil1 Cambridge, Maryland puo puo Mill Wright U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician COS Daniel J. Hurley Ruty Davidson remove 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address event attending Yes 213-12-565/ Clin. Records. Vet. Adm. Hosp. Balto. Md. Ft. HowarDiv 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN UNKNOWN d PART I. DEATH WAS CAUSED BY: CARCINOMA OF PANCREAS IMMEDIATE CAUSE (o) puo DUE TO by permit. Conditions, if ony, which (b) gove rise to immediate DUE TO couse (o), stating the underbeen sig lying couse last. burial-transit 6 CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY cremation, PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) foctory, street, office bldg., etc.) While Not while ot work at work After 21. I certify that XI) (this haspital) attended the deceased from Nov 23 1960, ita Dec 23 160, that \$10 (we) last saw the deceased alive an Dec. 23 \_\_\_1960..., and that death accurred a 1235PM am the causes and an the date stated above. RAL DIRECTOR: 22a. SIGNATURE 22b. DATE ATTENDING STAFF PHYS. PHYS. DIRECTOR [ 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) CHARLES E. ROWAN. M.D. VAH. BALTO. MD. - FT HOWARD DIV FUNER 23b. DATE THEREOF 23a. BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) page the St REMOVAL (Specify) Hillcrest Cemetery 12-27-60 Federalsburg, Md. Buria. 0 24 FUNERAL DIRECTOR'S SIGNATURE 250. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE DEC-2 7 '60 arthur & Krous VR A15 (4)

J.J. FRAMPTON & SON, MAIN ST. FRDERALSBURG, MD

15M 9/59

Yeor

1960

(Stote)

SIGNED

			S4681
	and code		
	years Lereitad	AVENT THE	
	area area and		Colonia apropria
	No. of the last of		
	unserba 20, 12 th 16 20		
.6	Louisten Tental .	Pf 6	
			MARCH IN TERMED
	Tet. 23 Total Appendix		
	Tet. 23 Teta. 24 Teta. 25 Teta		aC is you reserve the self
	CONTRACTOR OF THE		of the same reserve that and

VS A15 (4) ISM 9/5B

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13544 CERTIFICATE OF DEATH

Reg. Dist. No. 13515

a. COUNTY falto.	MARYLAND	2. USUAL RESIDENCE (Where a. STATE	deceased lived. If institution: b. COUNTY	Residence befare admission)
b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside 52 Can TON S	de carporate limits, write RUR.	AL and give nearest tawn)
d. NAME OF HOSPITAL (If not in haspital, give street or INSTITUTION 103 SMITH WO		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) CATHERINE	Middle F	Lost 4.	DATE Month OF DEATH DEC.	Day Year 1960
1.1	RRIED NEVER MARRIED DIVORCED	JAN. 16, 1881		Annths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of wark dane 10 during mast of warking life, even if retired)  SERASTRESS-RET.	6. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (State or f	areign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME FRANK 5CH	UCHART	14. MOTHER'S MAIDEN NAM		
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 1 (Yes, no, or unknown) (If yes, give wor or dates of service)	6. SOCIAL SECURITY NO.	INFORMANT to Charles W. Hen	Address Set-103 Smi	0 0
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Canditians, if any, which gave rise to immediate cause (a), stating the under- lying cause last.  Cause Tenter any and cause per PART I. DEATH WAS CAUSED BY: DUE TO  DUE TO  Current To	tenoselerotic fle emalized a		dio vasi Dise hypertius	ion 6 yrs.
200 ACCIDENT WAS LINDER VINC TO 120h D	hypertroph	OT NOT RELATED TO THE JERMINAL PLANTS OF PARTY IN PARTY I		1 IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO M
UP (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Manth, Day, Year And The Control of	le Nat while fark at wark	PLACE OF INJURY (Hame, farm, actory, street, affice bldg., etc.)	7.5	(Caunty) (State)
21. I certify that I attended the decerative an one of the second	and that deal	th accurred at 4.30 M,		
220. BURIAL, CREMATION, 226. DATE THEREOF.	22c. NAME OF CEMETERY	el Cem.	d. LOCATION (City, tawn, or o	hid.
23. FUNERAL DIRECTOR'S SIGNATURE Folloy - Cavanary lo FH	Calorsville	md. DATDEC 1	0.100	AR'S SIGNATURE

्याः			•	1.1	
			D.		
			C2 124		
				No. Cont	
					Miles of Street
	Marian net 113	400			
		ENGLISH TO			
State of the state					
	Tarley ST				
	Van de la constitución de la con	,		1 -	
					4-7-1

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

TO HOSPITAL DINGERAL DINGERA DINGERAL DINGERAL DINGERAL DINGERA DING

# 13545

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH**

				- 40			
Dist	Ma	1	3	5	i	6	

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (WOO. STATE Manyla		lived. If institution b. COUNTY		e before admi	ssion)
RURAL ond give n	of outside carporale limits, write eorest town)	c. LENGTH OF STAY IN 1b	CITY OR TOWN (If	outside carporo	te limits, write RI	URAL ond gi	ive nearest lov	vn)
	TAL (If not in hospital, give street of HOME) Carres Po		d. STREET ADDRESS	Road			ON	SIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	First	Middle LINDLEY	Lost INGRAM	4. DATE OF DEATH	Mon		Day	Yeor
S. SEX		HED NEVER MARRIED	B. DATE OF BIRTH  January 10.		AGE (In years tost birthdoy)		YEAR IF UNI	DER 24 HRS.
10a. USUAL OCCUPATION of working most of the second most of the	ON (Give kind of work done lob. king life, even if retired)	iv. Match Co.		, Mary		12. CITI	ZEN OF WHA	T COUNTRY
	James E. Ingram		Me	ary Puri	nell			
	ER IN U. S. ARMED FORCES? 16. (If yes, give wor or dofes of service)	-1	informant ary R. Ingram	(wife)	- Caves		wings )	Md.
Conditions, if a gove rise to i couse (o), stoting lying couse lost.	mmediate Cur TO	Ather os cl		INAL DISEASE	CONDITION GIV	EN IN PART	1(o) 19. WAS	AUTOPSY
20g. ACCIDENT W		CRIBE HOW INJURY OCCURRI					PERF	ORMED?
20c. TIME OF INJUING Hour o. m. p. m.	While	Not while to work 1	LACE OF INJURY (Home, form octory, street, office bldg., etc	n, 20f. (City o	or town)	(Ce	ounty)	(Stote)
21. I certify the alive an	NATHAN E, DN, 22b. DATE THEREOF 12/13/60	Needle NEEDLE	m.D. 421)	ADDRESS (Street Phash	ot, city or town,  Hgf / /  //  //  //  //  //  //  //  //  /	nd an the state) Finne y land	e date sta	ted abave DATE SIGNED
23. FUNERAL DIRECTOR Stewart &		ADDRESS 108 W. North A	V. Balt DATEFC	1 3 160		TRAR'S SIGI		

		ATTEMPTATE DETA		
	PICATE OF DEATH	ORD J. T. D.		
			2 73 "	
	1			
		and the first of the		
****** *** **** * * * * * * * * * * *				

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13546 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN IIf outside corporate limits, write RURAL C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? WIGHT YES NO T NAME OF Middle 4. DATE Month Year OF DEATH (Type or print) 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 B. DATE OF BIRTH 9. AGE (In years IFUNDER TYPAR IF UNDER 24 HRS. last birthday) WIDOWED [7] DIVORCED [ yrs. 10g. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) FICI MIL TIA. MOTHER'S MAIDEN NAME VENEER BETTIE BOSLEY JESSOP. SR. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Arldress COCKEYSVILLE 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY N'STHINTL IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to Immediate couse DUE TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO T CERTIFI 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Month, Day, Year 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole) factory, street, office bldg., etc.) Not while o. m. of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection 17. Inquiry and find that death resulted from: Natural causes , Accident , Suicide . Homicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Type) 220, BURIAL CREMATION, 22b, DATE THEREO! 22d. LOCATION (City, town, or county) REMOVAL (Specify) PUNERAL DIRECTOR'S SIGNATURE 24o. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE DATE DEC 2 0 '60 Cirching S. Flores

VS. A15ME(S) SM 9/55

\*, 671.1

13548

## **CERTIFICATE OF DEATH**

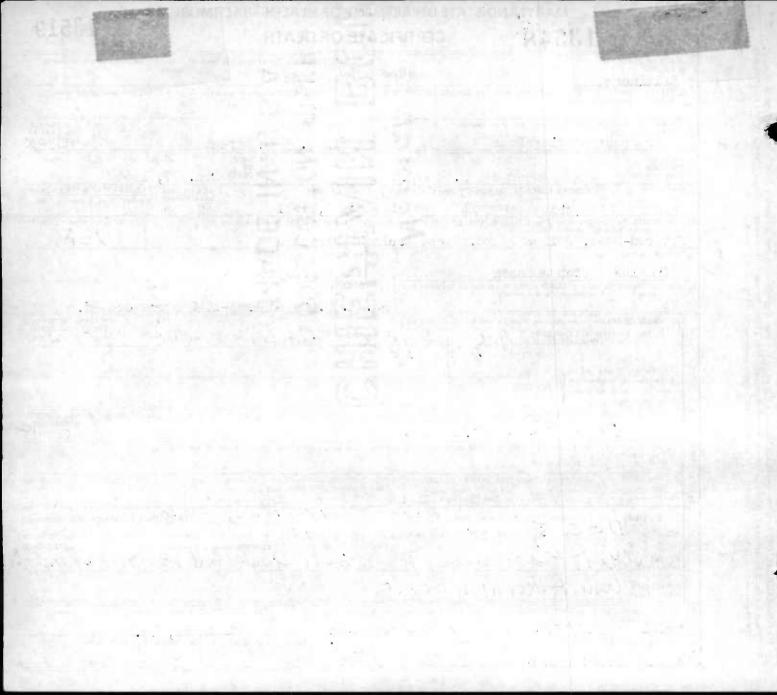
		L	J	O	I	J
a.	Dist.	No.				

	1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where dece o. STATE Maryland	ased lived. If institution: b. COUNTY	: Residence befare admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside co Baltimore	rporote limits, write RUR	RAL and give nearest town)
	d. NAME OF HOSPITAL (If not in haspital, give stre	et address)	d. STREET ADDRESS		e. IS RESIDENCE
0	Armacost Nursing Home		811 E. 34th St	rect	ON A FARM? YES NO
U	3. NAME OF First	Middle	Last 4. DAT		Day Year
	(Type or print) George	H. Johnson	OF DEA	TH Dec. 17.	1960 19
1	5. SEX 6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH	1 1 1 1 1 1	FUNDER 1 YEAR IF UNDER 24 HRS.
	Male White WIDO	WED DIVORCED	May 9, 1871	lost birthday) 89 yrs.	Months Days Hours Min.
1	10o. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired) Retired—Spec. Police	b. KIND OF BUSINESS OR INDU Md. State Racin		n country)	12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
1	Charles Burton Johnson		Susan Clayton		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or unknown] [ [If yes, give war or dates of service]	6. SOCIAL SECURITY NO.	NFORMANT	Addres	35
	No	Mr	. F. H. Megenhard	t-1512 Ston	newood Rd.
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Manth, Doy, Year 20d Haur a. m.	SCONTRIBUTING TO DEATH BUT  THE COLORE  ESCRIBE HOW INJURY OCCURRED  INJURY OCCURRED 200. PL		Port II of item 18.)	ONSET AND DEATH  N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO (State)
	21. I certify that I attended the dece alive on 19  ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL ACTUA		occurred at / M. M., fro Address		
	22a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O		CATION (City, town, ar	county) (State)
3	23. FUNERAL DIRECTOR'S SIGNATURE SAME	Agoress Salto 171	24a. REC'D BY REC DATE DEC 2	180	RAR'S SIGNATURE

er death. Page 4 be filed with funeral director, TO HOSPITAL MITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after demay be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fune page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should the registrar priar to burial, cremation, ar remayal, and in any event within 72 hours after death.

VS A15 (4) 1SM 9/S8



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) IF UNDER 1 YEAR IF UNDER 24 HRS Months 12. CITIZEN OF WHAT COUNTRY? BOUE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY ... 1960, that I last saw the deceased \_M, from the causes and on the date stated above.

e. IS RESIDENCE

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES NO

(State)

DATE SIGNED

(Stote)

char &

Day

Days

(County)

24b. REGISTRAR'S SIGNATURE

arthur & Krous

DATE AN 3

ON A FARM?

YES NO

Year

1956

Min.

S 281 185 S O		CERTIFIC	1,465	
		process and the process of the community		
	Unit:			
		dada a da		
est and marget, self, self, self self and the self and th		rior filter	31 3 40 140 31 3 4	e o thou Glieb 1 10 no miles
				Teap and
AND THE RESERVE OF THE SECTION OF TH		Status.		WA-DESCRIPT SHIPE

PARTIE .

· epe ment of the entry and a lighter analysis of start. May 125, Also be record the month for any

ofter death. Poge 4

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

13522

		TOOOT		CERTI	FICATE	OF DE	:AIH						
1.	PLACE OF DEATH a. COUNTY B8	ilt imore		MAR	YLAND 2.	USUAL RESID	ENCE (Whe	ere decease	d lived. If instituti b. COUNTY	an: Reside	nce befa	re admiss	ion)
0	b. CITY OR TOWN ( RURAL and give no Catons vil	If outside corporate limegrest tawn)		LENGTH OF STATE	Y IN 1b	c. CITY OR TO	OWN (If ou		crote limits, write R Charles		give ned	prest town	1)
100	d. NAME OF HOSPI OR INSTITUTION Shady NOC	k wursing	Roll Home	dress) ing Rd.		d. STREET AL		nton	Ave.				IDENCE FARM? NO
3.	NAME OF DECEASED (Type or print)	Mary	rst	Middl El len	Jon	lost es		4. DATE OF DEATH	Dec. 8	60	Do	'	Year 19
	Female	6. COLOR OR RACE	WIDOWED		ED O		3,18		9. AGE (In years last birthdoy) 87 yrs.	Months	R 1 YEAR Days	Hours	R 24 HRS Min.
L	H.W.	ON (Give kind of work king life, even if retired	1)	of Business The Home		Pen	na.		auntry)		USA	WHATC	OUNTRY?
L	I. FATHER'S NAME	Buck					nown						
15		R IN U. S. ARMED FOI (If yes, give war or dates of		OCIAL SECURITY N		mant Ch laren			w. Vad		Star	ınto	n Al
		ATH [Enter anly one of ATH WAS CAUSED BY: IMMEDIATE CAUSE (		for (o), (b), and (c Myocard		suffici	ency					ERVAL BE	
	Conditions, if a gove rise to i cause (a), stating lying cause last.	the under-	Arte	erioscler									
CATION		HER SIGNIFICANT CON								VEN IN PA	RT 1(o) 1		RMED?
CERTIFI		AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRI	IBE HOW INJURY	OCCURRED. (E	nter noture af	injury in P	ort I or Por	t II af item 1B.)				
MEDICAL	20c. TIME OF INJUI Haur o. m. p. m.	RY Month, Day, Ye	While	URY OCCURRED  Not while at work	20e. PLACE foctory	OF INJURY (H , street, office	lome, form, bldg., etc.)	20f. (City	ar town)		(Caunty)		(State
G	saw the decea	ot (1) (this haspita sed alive an De	l) attended	d the deceased	d fram.Au	h accurred	196 atl:00	60 , .ta _ M, Prisom	Dec8,-	, 19_6 nd an th	50, th	stated	above
1	22a. SIGNATURE	Lenge S	150	nipp	M.D.	ATTENDING		D. RECTOR [	STAFF PHYS.		12/9	1	b. DATE SIGNED
	NAME (Type)	eorge A. K		M. D.				ndson	Avenue				
Bu	Ba. BURIAL, CREMATIC REMOVAL (Specify ITIAL	12/10/6			idge	EMATORY		P1	TION (City, town,	0 0	157	{Stat	'e)
124	TUZKE F.	s signature D. 4101 Ed:	monds	ADDRESS On Ave			2So. REC'D	BY REGIST		strar's g	HATE KAM	RE .	

filed with e funeral directar, 2 shau TO HOSPITA:

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death. VR A1S (4) 1SM 9/59

marke states a source to .Asi retroced and the search of th 71 - 18, 18, 190 and the state of t . Sec. (No) to Equal to world be a light 

ter death. Page 4

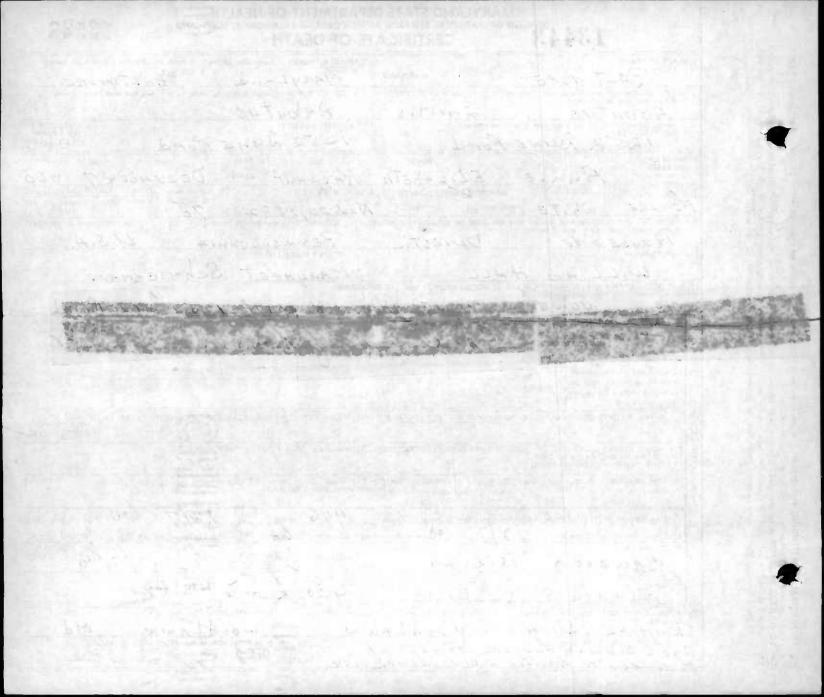
TO HOSPITAL

VR A15 (4) 15M 9/S9

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

13523

1	PLACE OF DEATH O. COUNTY BALTIMORE	MARYLAND	2. USUAL RESIDENCE (Where de o. STATE.	b. COUNTY	Residence before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside		
t	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS	5	e. IS RESIDENCE ON A FARM?
-	1252 NUNE A	ond	11252 24	HE ROAD	YES NO
3.	NAME OF DECEASED (Type or print)  Anni  First	ELizabeth	KAPPAUF O		Day Year 46= 7 1960
5	SEX 6. COLOR OR RACE 7. MARI		8. DATE OF BIRTH	1 1 1 1 1 1 1	UNDER 1 YEAR IF UNDER 24 HRS. onths Days Hours Min.
10	Oa. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	D- 1	eign country)	12. CITIZEN OF WHAT COUNTRY?
1;	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	0 1	
1	WILLIAM HA.  S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	LL SECURITY NO. 177 IN	MARGARET	+ Schyle	RMAN
(	Yes, no, or unknown) (If yes, give war ar dates of service)	m 11		Address	
=	NO NONE		ENRY KAIPPAUX	1252 0	4NE llond
	PART I, DEATH (Eline) City one couse per in	ne for (o), (b), and (c),	new of Die	moril	ONSET AND DEATH
	Conditions, if only, which ) (b)				
	gove rise to immediate couse (a), stating the underlying couse lost.    DUE TO				
MOLTAD	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D	DISEASE CONDITION GIVEN	IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO 1
CEDTIE	20a. ACCIDENT WAS UNDERLYING   20b. DES OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in Port I o	or Port II of item 18.)	
A POINT	20c. TIME OF INJURY Month, Doy, Year 20d. I Hour o. m. While of wo	faci	ACE OF INJURY (Home, farm, 20f tory, street, office bldg., etc.)	f. (City or town)	(County) (State)
	21. 1 certify that (1) (this haspital) attend	1		to 12/7	, 1930, that (I) (we) last
	saw the deceased alive an	-4-19-620 and that d	eath accurred at GAM, f	from the causes and	on the date stated above.
	Adward A. Ha	elens,	M.D. ATTENDING MED.	OR STAFF	7/7/Cod SIGNED
	22c. PHYSICIAN'S NAME (Type) Edward S/Ya	LLINS	4300 Live	to HIS A	/
2	30. BURIAL, CREMATION, 23b. DATE THEREOF BEMOVAL (Specify), 12-10-60	23c. NAME OF CEMETERY OF WOOD LAL		LOCATION (City, town, or o	. WI
2	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS .	25a. REC'D BY E	REGISTRAR 25b, REGISTRA	AR'S SIGNATURE



# FOR STATE HEALTH DEP

director. Page of Health, s necessary, TO DEPUT. EDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any difficiency please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the tune, director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Thallh or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 35.5 2 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13524

b. CIUNTY  b. CIUNTY  Baltimore  c. LENGTH OF STAY IN 16  b. CITY OR TOWN II outside corporate limits, write RURAL and give measurations)  Baltimore  d. NAMO PROSTIAL OR INSTITUTION III not in heapital, give streat address)  6627 Wy combe Way  S. RESEDENCE  6. NAMO PROSTIAL OR INSTITUTION III not in heapital, give streat address)  6627 Wy combe Way  S. RESEDENCE  6. STREET ADDRESS  6627 Wy combe Way  S. RESEDENCE  6. COLOR OR RACE, MARKED  DECRASED  (Type or print)  First  Middle  Last  C. COLOR OR RACE, MARKED  DECRASED  (Type or print)  First  Middle  Last  No  Baltimore  d. STREET ADDRESS  6627 Wy combe Way  S. SEX  F. Winner  DAY  DEATH  Dec. 31,  19 60  S. SEX  F. Winner  DAY  DEATH  Dec. 31,  S. DATE OF BIRTH  DAY  DEATH  DEC. 31,  S. DATE OF BIRTH  DAY  DEATH  DEC. 31,  S. DATE OF BIRTH  DATE OF BIRTH  DEC. 31,  S. DATE OF BIRTH  DATE OF BIRTH  B. DAT								
Baltimore  b. CITY OR TOWN (If outside corporate limit, write RURAL and give nearest town)  b. CITY OR TOWN (If outside corporate limit, write RURAL and give nearest town)  Baltimore  d. NAME OF HOSPITAL OR INSTITUTION If not in hospital, give street address)  6627 Wy combe Way  1. SEESPENCE  6627 Wy combe Way  1. DATE ADDRESS  6627 Wy combe Way  1. DATE Month  1. DAY Vest  1. DATE MONTH  1. D		2. USUAL RESIDENCE (Where decessed lived, If Institution: Rasidance bafore admission)						
Baltimore  d. NAME OF HOSPITAL OX INSTITUTION If not in hospital, give street address)  Section 1. Sets and the section of the set of the section of the	Baltimore MARYLAND	Md. 15,06.						
Baltimore  d. NAME OF HOSPITAL OR NITUTION (if not in hospital, give street address)  6627 Wy combe Way  5627 Wy combe Way  6627 Wy combe Way  6627 Wy combe Way  5627 Wy combe Way  6627 Wy combe Way  6627 Wy combe Way  752 NO XI  6627 Wy combe Way  753 NAME OF HOSPITAL OR NITUTION (if not in hospital, give street address)  6627 Wy combe Way  753 NAME OF DECEASED (If you optical part of Birth  6627 Wy combe Way  753 NAME OF DECEASED (If you optical part of Birth  6627 Wy combe Way  754 NAME OF DECEASED (If you optical part of Birth  755 NAME OF DECEASED (If No No Case Decease		c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)						
d. NAME OF HOSPITAL OR INSTITUTION (if no tin hespital, give street eddress)  6627 Wy combe Way  3. NAME OF COLOR OF ACE PLANE OF STILL ADDRESS  6627 Wy combe Way  5. SEX  6627 Wy combe Way  5. SEX  6. COLOR OF RACE P, MARRIED NEVER MARRIED NEVER MARRIED OF STILL BEAT Dec. 31, 1960  5. SEX  F. Who WILDOWED DIVORCED 2/28/93  6. COLOR OF RACE P, MARRIED NEVER MARRIED NEVER MARRIED OF STILL BEAT Dec. 31, 1960  7. SEX  F. Who WILDOWED DIVORCED OF STILL BEAT DEC. 31, 1960  6. SEX F. Who WILDOWED DIVORCED OF STILL BEAT DEC. 31, 1960  7. SEX  F. Who WILDOWED DIVORCED OF STILL BEAT DEC. 31, 1960  7. SEX F. Who WILDOWED DIVORCED OF STILL BEAT DEC. STILL BEAT DEC. 31, 1960  8. DATE OF BIRTH P. WILDOWED DIVORCED OF THE STILL BEAT DEC. 31, 1960  8. DATE OF BIRTH P. WILDOWED DIVORCED OF THE STILL BEAT DEC. 31, 1960  8. DATE OF BIRTH P. WILDOWED DIVORCED OF THE STILL BEAT DEC. STILL BEAT DEC. STILL BEAT DEC. 1960  8. DATE OF STILL BEAT DEC. 1960  9. AGE (In years of HONE) MORE THE STILL BEAT DEC. 1960  9. AGE (In years of HONE) MORE THE STILL BEAT DEC. 1960  9. AGE (In years of HONE) MORE THE STILL BEAT DEC. 1960  9. AGE (In years of HONE) MORE THE STILL BEAT DEC. 1960  9. AGE (In years of HONE) MORE THE STILL BEAT DEC. 1960  9. AGE (In years of HONE) MORE THE STILL BEAT DEC. 1960  9. AGE (In years of HONE) MORE THE STILL BEAT DEC. 1960  9. AGE (In years of HONE) MORE THE STILL BEAT DEC. 1960  9. AGE (In years of HONE) MORE THE STILL BEAT DEC. 1960  9. AGE (In years of HONE) MORE THE STILL BEAT DEC. 1960  9. AGE (In years of HONE) MORE THE STILL BEAT DEC. 1960  9. AGE (In years of HONE) MORE THE STILL BEAT DEC. 1960  9. AGE (In years of HONE) MORE THE STILL BEAT DEC. 1960  9. AGE (IN years of HONE) MORE THE STILL BEAT DEC. 1960  19. CAUSE OF DEATH. 1960  19. CAUSE OF DEATH LITTURE OF THE STILL BEAT DEC. 1960  19. CAUSE OF DEATH. 1960  19. CAUSE OF STILL BEAT DEC.		X Baltimore						
NAME OF DECRASED (Type or print)  S. SEX  F. G. COLOR OR RACE 7, MARRIED   NEVER MARRIED   S. DATE OF BRITH   Dec. 31, 1960  S. SEX  F. Wh. WIDOWED X DIVORCED   S. DATE OF BRITH   Dec. 31, 1960  S. SEX  F. Wh. WIDOWED X DIVORCED   S. DATE OF BRITH   Dec. 31, 1960  S. SEX  F. Wh. WIDOWED X DIVORCED   S. DATE OF BRITH   Dec. 31, 1960  S. SEX  F. WIDOWED X DIVORCED   S. DATE OF BRITH   Dec. 31, 1960  S. SEX  F. WIDOWED X DIVORCED   S. DATE OF BRITH   Dec. 31, 1960  S. SEX  F. WIDOWED X DIVORCED   S. DATE OF BRITH   Dec. 31, 1960  S. SEX  F. WIDOWED X DIVORCED   S. DATE OF BRITH   Dec. 31, 1960  S. SEX  F. WIDOWED X DIVORCED   S. DATE OF BRITH   Dec. 31, 1960  S. SEX  F. WIDOWED X DIVORCED   S. DATE OF BRITH   Dec. 31, 1960  S. SEX  F. WIDOWED X DIVORCED   S. DATE OF BRITH   Dec. 31, 1960  S. SEX  F. WIDOWED X DIVORCED   DEATH   Dec. 31, 1960  S. SEX  F. WIDOWED X DIVORCED   S. DATE OF BRITH   Dec. 31, 1960  S. SEX  F. WIDOWED X DIVORCED   S. DATE OF BRITH   Dec. 31, 1960  S. SEX  F. WIDOWED X DIVORCED   S. DATE OF BRITH   Dec. 31, 1960  S. SEX  F. WIDOWED X DIVORCED   S. DATE OF BRITH   Dec. 31, 1961  S. DATE OF BRITH   Dec. 31, 1960  S. SEX  F. WIDOWED X DIVISION OF BRITH   Dec. 31, 1960  S. SEX  F. WIDOWED X DIVISION OF BRITH   Dec. 31, 1960  S. SEX  F. WIDOWED X DIVISION OF BRITH   Dec. 31, 1960  S. SEX  F. WIDOWED X DIVISION OF BRITH   Dec. 31, 1960  S. ACE OF BRITH   DEC. 1960  S. ACE OF BRITH   Dec. 31, 1960  S. ACE OF BRITH   DEC. 1960  S. ACE OF B								
DECRRED (Type or print)  5. SEX  6. COLOR OR RACE 7. MARNIED   NEVER MARNIED   S. DATE OF BIRTH   S. AGI (In years   If UNDER 17 PAR   IF UNDER 24 PAS.    10a. USUAL OCCUPATION (Give kind of work done during ment of working life, even if retired)   NO. KIND OF BUSINESS OR INDUSTRY   11. BIRTHEL CE (Isale or foreign country)   12. CHIZEN OF WHAT COUNTRY   HOUSE 7. AND PART II. STATHER'S NAME   NO. STATHER'S NAME   NAME   NAME (Type)    6627 Wy combe Way	6627 Wycombe Way							
(If year or print)    Second Color of Race   7, Married   Never Married   2/28/93   10, 060   10, 10, 10, 10, 10, 10, 10, 10, 10, 10,								
TOB. USUAL OCCUPATION (GIVE kind of work)  TOB. USUAL OCCUPATION (GIVE kind of work)  HOUSEWIFE  AT HOME  BALTIMORE MARYLAND  12. CHIZER OF WHAT COUNTRY  HOUSEWIFE  AT HOME  BALTIMORE MARYLAND  U.S.A.  13. FATHER'S NAME  ANDRE GERSTLE  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  II. SOCIAL SECURITY NO. 17. INFORMANT H205 ELDERON AVENUE BALTO. 15,  NO.  18. CAUSE OF DEATH [Enter anly one cause par line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e)  PART II. OTHER SIGNIFICANT CONDITIONS	(Type or print) Blizabeth	Kabl Dec. 31, 1960						
DIVORCED   2/28/93   27.   2/2	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8							
AT HOME   BALTIMORE MARYLAND   U.S.A.	Mh. WIDOWEDX DIVORCED							
HOUSEWIFE  AT HOME  BALTIMORE MARYLAND  U.S.A.  13. KAIHER'S NAME  ANDRE GERSTLE  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yespidyswerordeleosdservice)  NONE  NONE  16. SOCIAL SECURITY NO. NONE  NONE  NONE  17. INFORMANT 4205 ELDERON AVENUE BALTO. 15, NONE  18. CAUSE OP DEATH [enter analy one cause par line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which geve rise to immediate cause (a), steing the undarlying (ceause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART II. OTHER SIGNIFICANT CONDITIONS  20b. EXTERNAL CAUSE WAS HOWARD OF CONTRIBUTING (CAUSE OF DEATH)  20c. TIME OF INJURY Month, Day, Yeer Hour a.m.  19 et work is work in the work of the contribution of th		RY 11. BIRTHPL .CE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
14. MOTHER'S MAME   14. MOTHER'S MAIDEN NAME   BARBARA		BAITTMORE MARVIAND II S A						
ANDRE GERSTLE  Is. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, or unknown) [Ifyses Iva were redeles of services]  NONE    16. SOCIAL SECURITY NO.   17. INFORMANT 4205 ELDERON AVENUE BALTO. 15, NONE   18. CAUSE OF DEATH [Enter anily one cause par line for (a), (b), and (c).]    19. CAUSE OF DEATH [Enter anily one cause par line for (a), (b), and (c).]    19. CAUSE OF DEATH [Enter anily one cause par line for (a), (b), and (c).]    19. Cause OF DEATH [Enter anily one cause par line for (a), (b), and (c).]    19. Cause OF DEATH [Enter anily one cause par line for (a), (b), and (c).]    19. Cause OF DEATH [Enter anily one cause par line for (a), (b), and (c).]    19. Cause OF DEATH [Enter anily one cause par line for (a), (b), and (c).]    19. Cause OF DEATH [Enter anily one cause par line for (a), (b), and (c).]    19. Cause OF DEATH [Enter anily one cause par line for (a), (b), and (c).]    19. Cause OF DEATH [Enter anily one cause par line for (a), (b), and (c).]    19. Cause OF DEATH [Enter anily one cause par line for (a), (b), and (c).]    19. Cause OF DEATH [Enter anily one cause par line for (a), (b), and (c).]    19. Cause OF DEATH [Enter anily one cause par line for (a), (b), and (c).]    19. Cause OF DEATH [Enter anily one cause par line for (a), (b), and (c).]    19. Cause OF DEATH [Enter anily one cause par line for (a), (b), and (c).]    19. Cause OF DEATH [Enter anily one cause par line for (a), (b), and (c).]    19. Cause OF DEATH [Enter anily one cause par line for (a), (b), and (c).]    19. Cause OF DEATH [Enter anily one cause par line for (a), (b), and (c).]    19. Cause OF DEATH [Enter anily one cause par line for (a), (b), and (c).]    19. Cause OF DEATH [Enter anily one cause par line for (a), (b), and (c).]    19. Cause OF DEATH [Enter anily one cause par line for (a), (b), and (c).]    19. Cause OF DEATH [Enter anily one cause par line for (a), (b), and (c).]    19. Cause OF DEATH [Enter anily one cause par line for (a), (b), and (c).]    19. Cause OF DEATH [Enter anily one cause par								
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT 4205 ELDERON AVENUE BALTO. 15, NONE   NONE   MISS MYRTLE FLAGGS     18. CAUSE OF DEATH [Enter any one cause par line for (a), (b), and (c).]     19. CAUSE OF DEATH [Enter any one cause par line for (a), (b), and (c).]     19. CAUSE OF DEATH [Enter any one cause par line for (a), (b), and (c).]     19. CAUSE OF DEATH [Enter any one cause par line for (a), (b), and (c).]     19. CAUSE OF DEATH [Enter any one cause par line for (a), (b), and (c).]     19. CAUSE OF DEATH [Enter any one cause par line for (a), (b), and (c).]     19. CAUSE OF DEATH [Enter any one cause par line for (a), (b), and (c).]     19. CAUSE OF DEATH [Enter any one cause par line for (a), (b), and (c).]     19. CAUSE OF DEATH [Enter any one cause par line for (a), (b), and (c).]     19. CAUSE OF DEATH [Enter any one cause par line for (a), (b), and (c).]     19. CAUSE OF DEATH [Enter any one cause par line for (a), (b), and (c).]     19. CAUSE OF DEATH [Enter any one cause par line for (a), (b), and (c).]     19. CAUSE OF DEATH [Enter any one cause par line for (a), (b), and (c).]     19. CAUSE OF DEATH [Enter any one cause par line for (a), (b), and (c).]     19. CAUSE OF DEATH [Enter any one cause par line for (a), (b), and (c).]     19. CAUSE OF DEATH [Enter any one cause par line for (a), (b), and (c).]     19. CAUSE OF DEATH [Enter any one cause par line for (a), (b), and (c).]     19. CAUSE OF DEATH [Enter any one cause par line for (a), (b), and (c).]     19. CAUSE OF DEATH [Enter any one cause par line for (a), (b), and (c).]     19. CAUSE OF DEATH [Enter any one cause par line for (a), (b), and (c).]     19. CAUSE OF DEATH [Enter any one cause par line for (a), (b), and (c).]     19. CAUSE OF DEATH [Enter any one cause par line for (a), (b), and (c).]     19. CAUSE OF DEATH [Enter any one cause par line for (a), (c), and (c).     19. CAUSE OF DEATH [Enter any one cause par line for (a), (c).     19. CAUSE OF DEATH [Enter any one cause par line for	AND DE GEDOMI E							
NONE  NONE  NONE  MISS MYRTLE FLAGGS  18. CAUSE OF DEATH [Enter anly one cause par line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY. Pulmonary edema & congestion  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stelling the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) 19. WAS AUTOPSY PERFORMEDY YES NO   20. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Hem 18.)  PRIMARY OF CONTRIBUTING Subject of the remains described above, held an Autopsy II. Inspection Inquiry and in my opinion death resulted from: Natural causes II. Accident Suicide Homicide Homicide Undertained Manuel Part Signature  EXAMINER'S NAME (Type)  By Bradley King, Jr. N.D. Address (Street, city, town, or country)  21. FUNERAL DIRECTOR.  DEPUTY MEDICAL EXAMINER DATE HEREOF PLAGES PRIMARY 22d. LOCATION (City, town, or country)  Stele)  22b. BURAL, CREMATION, 22b. DATE THEREOF PLAGES PRIMARY BALTIMORE MARYLANDE  23. FUNERAL DIRECTOR.  ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE								
18. CAUSE OF DEATH [Enter anly one cause par line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:	(185, 110, Of Bilkowil) (il yasgiva wat of dates of set vica)							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  DUE TO Conditions, if any, which gave rise to immediate cause (a), steing the undarlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART II. OTHER SIGNIFICANT CONDITIONS  20b. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART II. OTHER SIGNIFICANT CONDITIONS  20b. DESCRIBE HOW INJURY OCCURRED  While Not While of INJURY (Homa, farm, factory, street, office bidg., etc.)  PRIMARY OF CONTRIBUTING TO PART II of Hem 18.)  COMMEND OF INJURY (Homa, farm, factory, street, office bidg., etc.)  PART II. OTHER SIGNIFICANT (COUNTY)  PERFORMED?  YES NO   COMMEND OF CONTRIBUTION (COUNTY)  PERFORMED?  YES NO   COUNTY OF COUNTY OF COUNTY)  PROFITE AND INJURY (Homa, farm, factory, street, office bidg., etc.)  PART II. OTHER SIGNIFICANT (COUNTY)  PERFORMED?  YES NO   COUNTY OF		ISS MYRTLE FLAGGS						
Conditions, if enry, which   Several course (e)   Several course (e)   Several common course (e)   Several cours		ONSET AND DEATH						
Conditions, if any, which gove rise to immediate cause (a), stelling the undarlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? YES NO   20s. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.  20s. TIME OF INJURY Month, Dey, Yeer While et work at work telefory, street, office bidg., etc.) 20f. (City or town) (County) (Stete)  21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner .  21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner . DEPUTY MEDICAL EXAMINER . DATE SIGNED . Address (Street, city, town, or county)		& congestion						
Conditions, if any, which gove rise to immediate cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART II. OTHER SIGNIFICANT SIGNIFICANT SIGNATURE  PART III. OTHER SIGNIFICANT SIGNIFICANT SIGNATURE  200. EXTERNAL CAUSE WAS A CONTRIBUTION OF CONTRIBUT	1 L A DUETO							
geve rise to immediate cause (a), sterling the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO   20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF CONTRIBUTING OF CAUSE OF DEATH.  20e. TIME OF INJURY Month, Dey, Yeer While Not								
Columb   C	geve rise to immediata cause							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  20e. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)  20e. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)  20e. TIME OF INJURY Month, Dey, Yeer While Not While et work   at work   fectory, streat, office bldg., etc.)   20f. (City or town) (County) (State)  21. I certify that I took charge of the remains described above, held an Autopsy   Inspection   Inquiry   and in my opinion death resulted from: Natural causes   Accident   Suicide   Homicide   Undetermined manner    22e. BURIAL STANTIMEDICAL EXAMINER   DATE SIGNED  22e. BURIAL, CREMATION, 22b. DATE THEREOF   22e. NAME OF CEMETERY OR CREMATORY   22d. LOCATION (City, town, or country) (State)  BURIAL CREMATION, 22b. DATE THEREOF   22e. NAME OF CEMETERY OR CREMATORY   22d. LOCATION (City, town, or country)   State)  23. FUNERAL DIRECTOR. ADDRESS   24a. REC'D BY REGISTRAR'S SIGNATURE	(a), steting the undarlying DUETO							
20e. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING DATE SIGNED  20e. TYPE TO BY REGISTRAR 1 24b. REGISTRAR 1 24	(0)							
20c. TIME OF INJURY Month, Dey, Yeer While Not While et work at work 20e. PLACE OF INJURY (Home, ferm, 20f. (Clty or town) (State)  21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes In Accident Industry Industry Inquiry In	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?							
20c. TIME OF INJURY Month, Dey, Yeer While Not While et work at work 20e. PLACE OF INJURY (Home, ferm, 20f. (Clty or town) (State)  21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes In Accident Industry Industry Inquiry In	Y							
21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER , ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER MANUAL (Specify) DATE SIGNED  220. BURIAL, CREMATION, 22b. DATE THEREOF PORTUGATION (City, town, or country) (Siete) BURIAL Specify DURIAL DATE THEREOF DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER (CITY, town, or country) (Siete) PURIAL DIRECTOR DATE THEREOF DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER (CITY, town, or country) (Siete) PURIAL DIRECTOR DATE THEREOF DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER (CITY, town, or country) (Siete) PURIAL DIRECTOR DATE THEREOF DEPUTY MEDICAL EXAMINER DEPUTY DATE THEREOF DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DE	206. EXTERNAL CAUSE WAS PRIMARY — or CONTRIBUTING UCAUSE OF DEATH.	inter nature of injury in Part I or Part II of item 18.)						
21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER , DATE SIGNED SIGNATURE  BY ACTUAL SIGNATURE  EXAMINER'S NAME (Type) W. Bradley King, Jr., M.D. Address (Street, city, town, or county)	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Homa, ferm, 20f. (City or town) (County) (State)						
21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER , ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER MANUAL (Specify) DATE SIGNED  220. BURIAL, CREMATION, 22b. DATE THEREOF PORTUGATION (City, town, or country) (Siete) BURIAL Specify DURIAL DATE THEREOF DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER (CITY, town, or country) (Siete) PURIAL DIRECTOR DATE THEREOF DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER (CITY, town, or country) (Siete) PURIAL DIRECTOR DATE THEREOF DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER (CITY, town, or country) (Siete) PURIAL DIRECTOR DATE THEREOF DEPUTY MEDICAL EXAMINER DEPUTY DATE THEREOF DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DE	Hour a.m. While Not While fact	ory, streat, office bldg., etc.)						
death resulted from: Natural causes X, Accident , Suicide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED  ACTUAL SIGNATURE  EXAMINER'S NAME (Type)  W. Bradley King Jr. M. D. Address (Street, city, town, or county)  ACCIDENT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER MANUAL (Specify)  122c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country)  BURIAL TABLES DEPUTY MEDICAL EXAMINER DEPUTY (Siete)  1/3/61 HOLY REDEEMER CEMETERY BALTIMORE MARYLAND  23. FUNERAL DIRECTOR DATE THEREOF ADDRESS 24a. REC'D BY REGISTRAR'S SIGNATURE								
CHIEF MEDICAL EXAMINER   ACTUAL SIGNATURE  EXAMINER'S NAME (Type)  W. Bradley King, Jr. M. D. Address (Street, city, town, or county)  EXAMINER'S NAME (Type)  W. Bradley King, Jr. M. D. Address (Street, city, town, or county)  EXAMINER'S NAME (Type)  1220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)  BURIAL  1/3/61  HOLY REDEEMER CEMETERY  BALTIMORE MARYLAND  23. FUNERAL DIRECTOR  ADDRESS  24a. REC'D BY REGISTRAR' 24b. REGISTRAR'S SIGNATURE								
ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEP	death resulted from: Natural causes, XI, Accident L., Suice							
SIGNATURE  EXAMINER'S NAME (Type)  W. Bradley King, Jr., M.D. Address (Street, city, town, or county)  Pan 1, 1961  220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)  BURIAL  1/3/61  HOLY REDEEMER CEMETERY BALTIMORE MARYLAND  23. FUNERAL DIRECTOR  ADDRESS  24a. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATURE	1001116	CHIEF MEDICAL EXAMINER						
EXAMINER'S NAME (Type)  NAME (Type)  W. Bradley King, Jr., M.D. Address (Street, city, town, or county)  220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)  BURIAL  22c. NAME OF CEMETERY OR CREMATORY  POLY REDEEMER CEMETERY BALTIMORE MARYLAND  23. FUNERAL DIRECTOR  24b. REC'D BY REGISTRAR'S SIGNATURE								
NAME (Type) W. Bradley King Jr. M.D. Address (Street, city, town, or county) Han. 1, 1961  220. BURIAL, CREMATION, 22b. DATE THEREOF PROVIDE P		DEPUTY MEDICAL EXAMINER						
226. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or country) (Siete) REMOVAL (Specify)  HOLY REDEEMER CEMETERY BALTIMORE MARYLAND  23. FUNERAL DIRECTOR 24b. REC'D BY REGISTRAR'S SIGNATURE	NAME (Type) W. Bradley King. Jr. M.	D. Address (Street, city, town, or county) Han. 1, 1961						
BURIAL   1/3/61   HOLY REDEEMER CEMETERY BALTIMORE MARYLAND  23. FUNERAL DIRECTOR   24b. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATURE	220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or country) (Slete)						
	BURIAL   1/3/61   HOLY REDEEM							
	HENRY SANDER & SONS INC.							
BALTIMORE Maryland DATEJAN 5 '61 City & King	RAITIMORE Meryland	DATELAN 5 '61 City & Kana						

Brand so, are digress Especial as a profession of the line and And account the second of the Minchell Control of Co HALL THE RESERVE OF THE PARTY O AND THE REPORT OF THE PARTY OF Royal to aution of the same of Tatle (I. real transfer of the contract of the CHARLES IN THE PROPERTY OF THE Sign amp wasters with The Park of the Park of the

13553

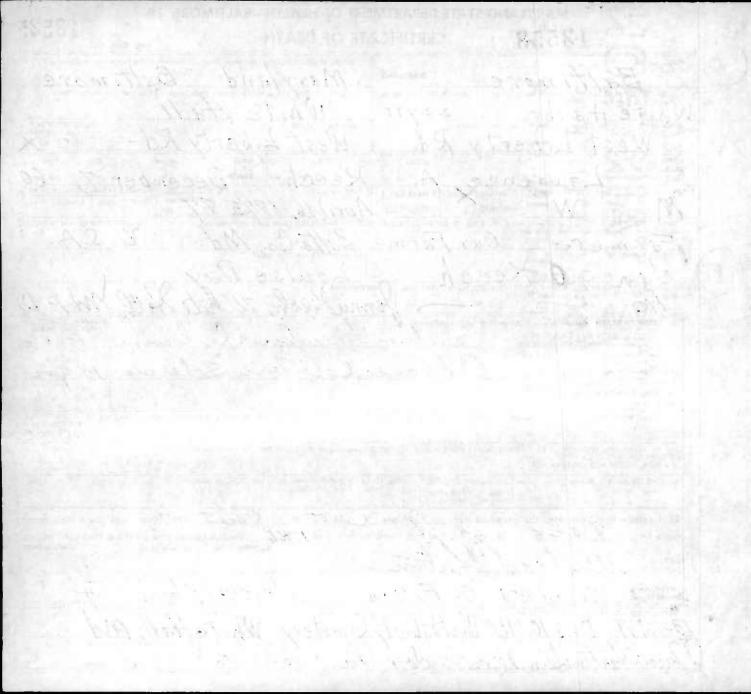
### **CERTIFICATE OF DEATH**

13525

1	10000	CERTIFICATE OF BEATT	Reg. Dist. No.
)	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where	deceased lived. If institution: Residence before admission)
/	· COUNTY Baltimore	MARYLAND S. SY ZYV Z	nd b. countractimore
	b. CITY OR TOWN (If outside corporate limits, write c. LE RURAL and give nearest town)	ENGTH OF STAY IN 16 c. CITY OR TOWN (If autsid	e carporate limits, write RURAL and give nearest town)
	White Hall	22 yrs. White	· Hall
	d. NAME OF HOSPITAL (If not in hospital, give street addres OR INSTITUTION	ss) Ad. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	West LiberTy	Rd. West Li	berly Kdi- YES NO
	3. NAME OF DECEASED		DATE Month Day Yeor
	(Type or print) Lawrence.	A. Reech-	DEATH DECEMBER 7 1960
Н	5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED   8. DATE OF BIRTH	9. AGE (In years IF UNDER 1 YEAR IF UNDER 2 HRS.  Months Doys Hours Min.
	WIDOWED [	DIVORCED   April 16, 18	3 Months Doys Hours Min.
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND during most of working life, even if retired)	OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or Ac	oreign country! 12. CITIZEN OF WHAT COUNTRY?
	Farmer Own	n Farma Balto, Co.	Md. 4. S.A.
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	D
,	Vames 6. Need	h houise	Way
/	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA	AL SECURITY NO. INFORMANT	4118. L ABGress no MILD D
	110	- Jannie Rech,	While Hall Malk Plank. D
	1B. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY:	(o), (b), and (c).](	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (o)	erevo Vaccular	Column 1-2hr
	DUE TO	De Do	5 - 1 - 1 - 1 - 1
	Conditions, if ony, which gave rise to immediate (b)	carried out	w Sciences. 10 yrs.
	couse (a), stating the under- DUE TO		
	lying cause last.   (c)   (c)	PRINTING TO DEATH BUT NOT BELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	ABOUNG TO DEATH BUT NOT KEEKED TO THE TENNINGE	PERFORMED? YES NO
		HOW INJURY OCCURRED. (Enter noture of injury in Part	
	© 20g. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE OR CONTRIBUTING ☐ CAUSE OF DEATH UTTER, NOTIFY MEDICAL EXAMINER)		
	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY	OCCURRED 20e. PLACE OF INJURY (Home, form, 12)	Of. (City or town) (Caunty) (Stote)
		Not while of work foctory, street, office bldg., etc.)	
H	21. I certify that attended the deceased fr		Dec 5, 1969hat I last saw the deceased
Н	alive an Alexander in decedated in	a d	fram the causes and an the date stated above.
	i AA (IV		RESS (Street, city or town, state)  DATE SIGNED
	ACTUAL SIGNATURE SIGNATURE	Lultar M.D.	
	PHYSICIAN'S NILLIAM C	). Fulton Stee	vartstown P
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22g.	NAME OF CEMETERY OR CREMATORY 22d	LOCATION (City, town, or gounty) (State)
	Burial Dec. 10. 1960 W	estliberty (emetery)	Vhite Hall Md
		ADDRESS 246. REC'D BY	REGISTRAR 246. REGISTRAR'S SIGNATURE_
	Norman Hautoundon Yours 7	PENDONAM (Pa DATE DEC 9	160 O-Thun 8 #

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offser death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, be removal, and in any event within 72 hours after death.



13554

# **CERTIFICATE OF DEATH**

13526

1. PLACE OF DEATH  . COUNTY BALTIMORE MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND b. COUNTY BALLTMORE							
b. CITY OR TOWN	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN	(If outside	de corporo	te limits, write R	URAL ond give	ve nearest tov	vn)
Cat	Catonsville		50 days				ore C	ity	3	VOI	-4
OR INSTITUTION			address)		d. STREET ADDRES		25				A FARM?
SPRING	GROE STATE	E HO	DSPITAL		1209	Durs	st St	reet		YES [	□ NO 🔀
3 NAME OF DECEASED (Type or print)	VERNO.	N	Middle C .		KELLY	4.		Mor Decembe		6 Day	Yeor 1960
5. SEX Ma <b>le</b>	T.That is	7. MARK	RIED NEVER MARRIED ED DIVORCED		2-23-	1898	3 9	. AGE (In years last birthday) 62 yrs.		YEAR IF UNI	
10a. USUAL OCCUPA during most of w labore:	TION (Give kind of work donking life, even if retired)		kind of Business or box factory	INDUSTR		Stote or f		ntry)		S. A	AT COUNTRY?
13. FATHER'S NAME					4. MOTHER'S MAID	EN NAM	E				
unknov					unkno	wn					
15. WAS DECEASED E (Yes, no. or unknown)	VER IN U. S. ARMED FORCE (If yes, give war ar dates of ser	rvice)		17, INFO				Add			
none		2.	15-09-4292	Reco	rds: SPR	ING	G RO	VE STAT	E HOS	SPI TAL	
Conditions, if gove rise to couse (a), statin lying cause los	immediate DUE TO		onic rheuma	tic n	nitral val	Lvuli	Ltis	(stenos:	is)		
CATIC	THER SIGNIFICANT COND								VEN IN PART	PERF	S AUTOPSY FORMED?
	WAS UNDERLYING AND CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (	Enter nature of injur	y in Port	I or Part I	l of item 18.)			
20c. TIME OF INJI Hour o. m p. m	1,	While	NJURY OCCURRED 2  Not while  t ot work	0e. PLACE factor	OF INJURY (Home, y, street, office bldg.	form, (	20f. (City o	or town)	(Co	ounty)	(Stole)
21. I certify alive on  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Sula	196 W		leath a	SPRING	ADE ADE	A, from DRESS (Stree		and an the state) HOSPITA	e date sta	
220. BURIAL, CREMAT DEMOVAL (Special	way / 2/4	61	22c. NAME OF CEMET	ERY OR C				ON (City, town,		(SIC	ote)
23 FURERAL DIRECTO	DR'S SIGNATURE	m	la ADDRESS 28	?		REC'D BY	REGISTRA		STRAR'S SIGN		

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 e funeral director, may be retained by the hospital or attending physician.

D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the former of page 3 should be detached for use as the burial-transit permit. Then please remaye carbon pages. Pages 1 and 2'should be filled the registrar prior to burial, cremation, or remayal, and in any event within 72 haurs after death. moy be reto. TO HOSPITAL VS A15 (4) 15M 10/57

The state of the s	HTARGED	CERTIFICATE	
	a managara sa panga		
	a managara sa panga		

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

13527

1	o. COUNTY MARYLAND.	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)     o. STATE     b. COUNTY
	b. OF OR TOWN (If autside corporate limits, write RURAL and automates) town)	c. GTY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, grie street address) OR INSTITUTION	d. STREET ADDRESS  1978 FOUND HEARTS (1884 YES   NO SE
( 3	NAME OF DECEASED DOOR A Middle	Lost 4. DATE Manth Day Year OF
S	(Type or print)  6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Doys   Hours   Min.
7	Pemole Colute WIDOWED DIVORCED	76 yrs.
0	0a. USUAL OCCUPATION (Give kind of work dane fouring most of working life, even if feliced)	aurtres WSA
1	3. FATHER'S NAME	The Shalles
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war ar dates of service)	STORMANT Address
	PART I. DEATH [Enter only one cause per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gave rise to immediate couse (a), stoting the under-lying cause last.  (c)	f cecum with metastuses ones.
O A TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
Ceptica		D. (Enter noture of injury in Part I or Part II of item 18.)
1400004		ACE OF INJURY (Hame, farm, ctory, street, affice bldg., etc.) (City ar tawn) (Caunty) (State)
	21. I certify that (I) (Nhis hospital) attended the deceased fram.	7 9
	22a. SIGNATURE	M.D. PHYS. DIRECTOR PHYS. 22b. DATE SIGNED STAFF SIGNED  PHYS. DIRECTOR PHYS. D
	22c. PHYSICIAN'S NAME (Type) & BRAHAM B. HURWITZ	10 3403 GARRISON BLVD. MUE
2	230 SURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY CONTROL (Specifical 12 -11 - 60 102 and 1	OR CREMATORY 23d. LOCATION (City, town, or county) (State)
2	Tall bewin the 2100 611/100	PL 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ON THE DEG 1 3 '60 Carthury 2. Thomas

VR A1S (4) 1SM 9/S9

PRATO SO ENEZETTIGO ZO SE CLARICE, FIFTHER STATE APON CONTRACTOR MANAGE THE Commences and the second St. alliconics St. TOTAL LOTE - CONTROL OF cardeolom the one of a sense and a dist The second secon the second of the second THE WAR STATE OF STATE OF THE PARTY OF THE P

# death. Pages, may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely that in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after TO HOSPITA

VR A15 (4) 15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

13556
CERTIFICATE OF DEATH

13528

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission)
e. COUNTY Baltimore MARYLAND	o. STATE Maruland b. COUNTY Boltimore
b. CITY OR TOWN (if outside corporete limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (if outside corporete limits, write RURAL end give neeres! town)
write RURAL end give neerest town)	55 Towson
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS   0. IS RESIDENCE
1563 Glen Keith Blvd	1563 Glen Keith Blvd YES NO DE
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer
(Typo or print) Mrs. Katherine A. Ki	Lduff December 14 19 60
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.    lest birthdey)   Months   Deys   Hours   Min.
temale white WIDOWED DIVORCED 1	140. 19.1869 91 yrs. Monins beys Hours
Me. USUAL OCCUPATION (Give kind of work   1Db. KIND OF BUSINESS OR INDUSTI	RY AL BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
done during most of working, life, even if retired) Housewife	Baltimore, Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
2	?
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.   (Yes, no, or unkown)   (Ifyesgivewerordetesofservice)	INFORMANT Address
	Mr. Charles J. Kilduff same  This Voscular Discour ONSET AND DEATH
18. CAUSE OF DEATH [Enter only one ceyse per line for (e), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	distorpular Riseau ONSET AND DEATH
11111	700000
Toda DUE TO	
Conditions, if eny, which (b)	
geve rise to immediate cause (e), stating the underfying DUE TO	
ceuse lest,	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)   19. WAS AUTOPSY
OF The state of th	PERFORMED?
I S S S S S S S S S S S S S S S S S S S	YES NO I
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING TO DEATH BUT NO DEAT	D. (Enter neture of injury in Pert I or Pert II of item 1B.)
20c. TIME OF INJURY Month, Dey, Yeer   2Dd. INJURY OCCURRED   20e. PLA	ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
at week at week	tory, street, office bldg., etc.)
p.m. 19 et work et work	
21. I certify that (I) (this hospital) attended the deceased from.	ALC: A
say the deceased alive on	death occured A.M., from the causes and on the date stated above.
228 GNATURE	/ / 22b. DATE
Xhomas A. Marole L	ALD. PHYS. DIRECTOR PHYS. 12/15/60 SIGNED
22d PHYSICIAN'S	22d. ADDRESS
NAME (Type) Thomas L. Worsley, Jr. M. D.	2900 Alameda Blvd., Baltimore 18, Md.
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify 12/17/60 New Catheo	1 1 6
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Leonard J. Ruck 5305 Harford Road	414 DATE DEC 16'60   arilum S. Krouns

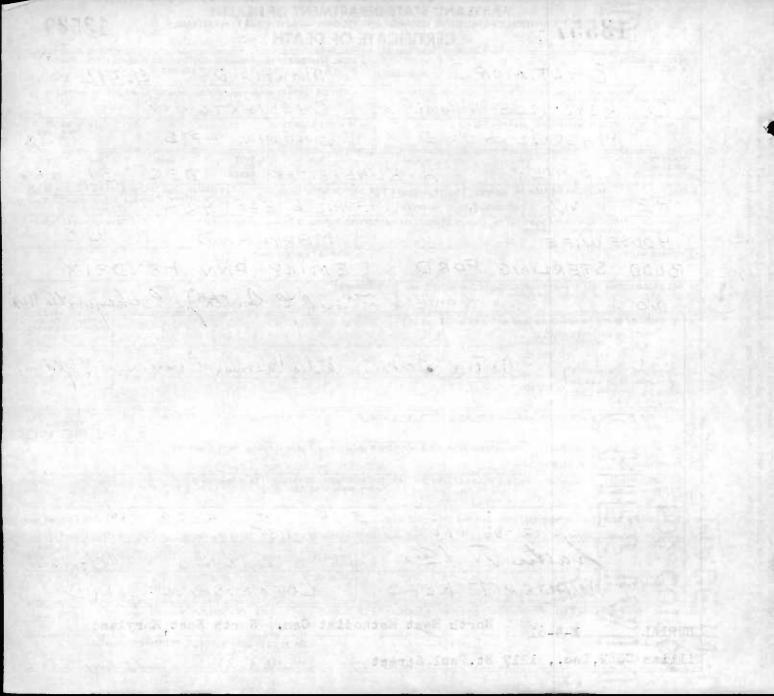
1561 year news Bund The Sides Reis Blus . The state of the s enale while the second of the second of the second THE LEVEL OF WHITE STREET STREET A AUGUSTA The problem . History arms Special 12/17/00 haw (abjeduch (em. Sabtingus, Maryalana Leonard J. Nuces 5305 New, and Nova 194

VR A1S (4) 1SM 9/59

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 13557

13529

	1. PLACE OF DEATH D. COUNTY SALTIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission) a. STATE MARYLAND b. COUNTY HAY Kent
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  CKEYSULLE 11 ylaws & 9 mo	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  CHESTERTOWN
1	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION ASONIC HOME	d. STREET ADDRESS  O. IS RESIDENCE ON A FARM? YES ON DE
		INEFELTER. 4. DATE Month Day Year DEATH DEC 31 1960
	FE W WIDOWED DIVORCED	B. DATE OF BIRTH  APRIL 6, 1868  9. AGE (In years last birthday)
	10a. USUAL OCCUPATION (Give kind of wark dane during most of warking life, even if retired)  HOUSE WIFE	MARYLAND U.S.
1	BUDD STERLING FORD	EMILY ANN HENDRIX
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no, or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. IN	Frank L. Smith J. Cockeywille M.
7	gave rise to immediate cause (a), stating the under.    DUE TO	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO  NO (Enter nature of injury in Part I or Part II of item 18.)
	Haur a. m. 19 While at wark at wark 21. I certify that (I) (this haspital) attended the deceased fram	leath accurred at 17.5M, from the causes and an the date stated above.
	22c. PHYSICIAN'S NAME (Type) WALTER T. KEES	M.D. ATTENDING MED DIRECTOR STAFF PHYS.   12/3/60  22d. ADDRESS COCKEYSUILLE M.D.
5	230. BURIAL, CREMATION, 23b. DATE THEREOF North East Met	
3	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS VILLIAM Cook, Inc., 1217 St. Paul Street	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  DATE JAN 4 '61 Chang & Kanne



# MARYLAND STATE DEPARTMENT OF HEALTH

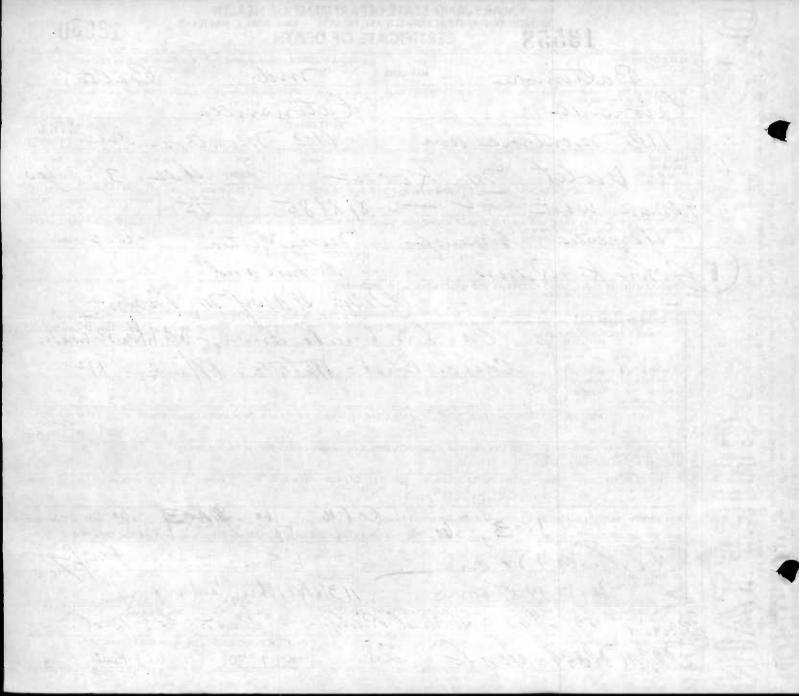
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

7	2	E	3	1
1	0	U	U	U

	13008 CERTIFICA	TE OF DEATH	10000						
(AA)	1. PLACE OF DEATH O. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institutions of STATE b. COUNTY	Residence before admission)						
IAI	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	CITY OR TOWN (If outside corporate limits, write RUR	AL and give nearest town)						
1	d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION Montrose awe	d. STREET ADDRESS 113 Montrose	e. IS RESIDENCE ON A FARM? YES NO						
	3. NAME OF DECEASED (Type or print)  (Type or print)	Last 4. DATE Manth OF DEATH LIMIN	Day Year						
5	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	or price of pikiti	FUNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.						
	100. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?						
(1	John K. Quin	14. MOTHER'S MAIDEN NAME							
	(Yes, no, ar unknown) (If yes, give war or doles of service) 16. SOCIAL SECURITY NO. 17.	Mes lain m. Address	ish						
	18. CAUSE OF DEATH [Enter only and cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Car Lid Value Consequence  IMMEDIATE CAUSE (o)								
	Conditions, if any, which (b) Calle Ce Brist - Metalane 18/min								
	Couse (o), stoting the under- lying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO C						
0	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port 1 ar Part II of item 18.)							
		LACE OF INJURY (Home, form, octory, street, office bldg., etc.)	(County) (State)						
	21. I certify that (I) (this haspital) attended the deceased frame saw the deceased alive an 1960, and that	death accurred at 12, M, from the causes and	, 19 (1) (we) last an the date stated above.						
	22a. SIGNATURE	M.D. ATTENDING MED. STAFF PHYS.   M.D. PHYS.   MED. STAFF PHYS.   MED. STAFF	Jack DATE SIGNED						
	22c. PHYSICIAN'S NAME (Type) IFE W CONS	1138 Nor then Padero	1/66						
	230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 12/6/60 23c. NAME OF CEMETERS OF	OR CREMATORY 23d. LOCATION (City, town, or Balty Co	(State)						
RE	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTION 25b. REGISTI	RAR'S SIGNATURE						

by funeral director, d 2 should be filed with puo .5 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burital transit permit. Then please remove carbon pages? Pages 1 or the teast carbon pages 1 or the teast of Hank pages to having removed and in any event within 77 haurs after death. TO HOSPITAL VR A1S (4) 1SM 9/59



TO DEPUTY APDICAL EXAMINER: This certificate should be executed within 24 hours offer death. If any delay is necessary, please exe	cute the co. cate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direct. Page 4 should b	the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your file	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File page, I and 2 with the registrar prior to burial, crematian	(
O DEPUTY MADICAL	cute the c. cate, w	farwarded to the Chi	O FUNERAL DIRECTO	ar remaval.
-			-	

VS. ATSME(S) SM 9/55

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13438 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) o. STATE Maryland Baltimore b. COUNTY Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Dundalk (22) Dundalk (22)4 years d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE

2900 Dun	ran Road	i	2906 Dunr	an Road	YES NO
3. NAME OF DECEASED	First	Middle	Lost	4. DATE Month	Day Year
(Type or print)	FRANK		KOONTZ	December December	12, 1960
		7. MARRIED NEVER MARRIED		lost birthday) Months [	YEAR IF UNDER 24 HRS.
		WIDOWED DIVORCED	June 29,19	13 47 yrs.	
during most of working lift Postal C	Give kind of work do e, even if retired) lerk	U.S. Postoffic	Pennsyl	or foreign country)   12. CITIZ	EN OF WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN		3 134
Francis	Joseph	Koontz	Margare	t C.Smith	
IS. WAS DECEASED EVER IN	U. S. ARMED FOR	CES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
	ns, give wor or doles of sec WWTI	212-07-1886	Evelyn M.	Koontz same as	#2
7		per line for (a), (b), and (c).	10	TOOLIO DULLO US	INTERVAL BETWEEN
	AS CAUSED BY:	LORONAMY	Ocel	-USI ON	ONSET AND DEATH
720	DUE TO	Luston Time	mi C-V.	- X1011 1-	
Conditions, if any, gave rise to immediate		April	M C-	process	
(a), stating the unde		10			43 22 3
cause last.	) (c)_				
PART II. OTHER S	IGNIFICANT CONDI	THON'S CONTRIBUTING TO BEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO [3]
	WAS BUTING [] 20b.	DESCRIBE HOW INJURY OCCURRED	Enter nature of injury in Par	rt I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Year	20d. INJURY OCCURRED 20e. P) While Not while foc	TCE OF INJURY (Home, forn tory, street, office bldg., etc	n, 20f. (City or town) (Caur	nty) (Stote)
21. I certify that	I took charge	of the remains described obe	ove, held on Autops	y , Inspection I Inquiry	A and find that
The Control of the Co	and the second second second	auses . Accident . Su		The state of the s	
ACTUAL A	n38	Jama ma	CHIEF MEDICAL E		DATE SIGNED
			M.D. CHIEF MEDICAL E	WALLEY [	
SIGNATURE	1.0		ASSISTANT MEDIC	AT EVALUATED T	30/31 //0
FYAMINEDIS	lvin B.I	Davis, M.D.	ASSISTANT MEDIC DEPUTY MEDICAL		12/14/60
EXAMINER'S ME		Davis, M.D.	DEPUTY MEDICAL		12/14/60 (State)
EXAMINER'S MAME (Type) Me		22c, NAME OF CEMETERY OF	DEPUTY MEDICAL	EXAMINER [7]  22d. LOCATION (City, town, or county)	(State)
EXAMINER'S MAME (Type) MO  120. BURIAL, CREMATION, REMOVAL (Specify)	226. DATE THEREOF 12/16/6	22c. NAME OF CEMETERY OF	DEPUTY MEDICAL R CREMATORY Vational	EXAMINER [7]	(State)
EXAMINER'S Me  RAME (Type) Me  REMOVAL (Specify)  UPIAL  3. FUNERAL DIRECTOR'S SIGNATURE	226. DATE THEREOF  12/16/6  GNATURE	22c. NAME OF CEMETERY OF	DEPUTY MEDICAL R CREMATORY Vational 240. REC	EXAMINER 122d. LOCATION (City, fown, or county)  Baltimore, Mary  D by REGISTRAR 24b. REGISTRAR'S SIGN	(State) Land NATURE

11	CAD STATE DEPARTMENT OF MEALIES SALTIMORE,	
		EM 28281
	Annual Control of the	Part Street
		del
	HILL AND SELECTION OF THE SELECTION OF T	
	to the state of th	
		The state of the s
		all the second second
		With A State of the last
		SALE OF THE LAND OF
	The same of the sa	
	decorate and the results of the second second	

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY rector. Page Health, a. STATE b. COUNTY BAIT IMORE Maryland Raltimore MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 90 write RURAL and give negrest town Baltimore Baltimore ō Boar d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) for daSTREET ADDRESS a. IS RESIDENCE ON A FARM? es 1, 2, and 3 to the funer. Page 5 may be retained to s.1 and 2 with the State Bo 7.2 hours after death. 7h22 Kenlea Avenue 7422 Kenlea Avenue YES NO TO Middle Last 4. DATE DECEASED (Type or print) DEATH 60 GEORGE STANLEY LATKA December 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS last birthdey) Months in pencil in them 18. Give Pages 1, 2, and 's Office along with form PM3. Page 5 may a burial-transit permit. File pages 1 and 2 we eneval, and in any event Male White WIDOWED [ DIVORCED July 27. 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired U.S.A. Baltimore. Md School 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Anthony A. Latka Clara Bafford 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or dates of service) Anthony A. Latka 7422 Kenlea Avenue EDICAL EXAMINER: This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per lina for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Gunshot wound of chest. IMMEDIATE CAUSE (e) DUE TO (b) geve rise to immediate cause "pending" ease execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's FUNERAL DIRECTOR: Page 3 should be used as a DUE TO (a), stating the underlying ò cause last cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO T 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY CONTRIBUTING CAUSE OF DEATH. WITHERANT 20-gauge gun. 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Homa, farm, 1 20f. (City or town) (County) (State) factory, streat, offica bldg., atc.) While Not While Baltimore Md. at work at work house Baltimore prior 4:30 pm 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X, Inquiry and in my opinion agent, Accident Suicide Homicide Undetermined manner death resulted from: I Natural causes CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE designat December 22, 1960 DEPUTY MEDICAL EXAMINER DEPUTY William V. Lovitt, Jr., M. D. Addrass (Street, city, town, or county) please 4 shoul O FUN 22a. BURIAL, CREMATION, 22b. DATE THEREOF -22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) its REMOVAL (Specify) Burial OH ö Dec 24 1960 Parkwood Cemetery Taylor Ave ) id 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME arthur & Kiana DATE DEC 2 3 '60 Dippel Brothers 7110 Belair Road 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Acotic Lea And the neron thing PMS 12 E01 E01 SS T 00 (45 decimos) ANA TI EAST , TO VERY eshir estado do nouem desegnable para de la calegra de la calegr .NY emerits prophiss equal Obel 55 mediacol Victoria 22, 1960 TARREST AND THE STATE OF THE ST

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 13560

Reg. Dist. No. 13533

o. COUNTY Ba	ltimore		MARYLAND	o. STATE	Md.	e decedsed liv	b. COUNTY		timor	·e
b. CITY OR TOWN RURAL and give	(If autside carporote limits	, write c. LENGTH OF	STAY IN 16	c. CITY OR T	OWN (If out	side carporate	limits, write R	URAL and giv	re nearest t	awn)
/-	ings Mills P	.O.) 6 yea	ars	Rural (	Owings	Mills	P.O.)			
d. NAME OF HOSE OR INSTITUTION	PITAL (If nat in haspital, giv	ve street address)		d. STREET A	DDRESS	TUSIS		1	e. IS Of	RESIDENCE N A FARM?
Greenspri	ng & Walnut	Aves.		Greensp	ring &	Walnu	t Aves.		YES	□ NO □
3. NAME OF DECEASED (Type or print)	First He <b>le</b> i		Middle	audicir	18	4. DATE OF DEATH	Dece		Doy 19	Year 19 60
S. SEX	6. COLOR OR RACE	7. MARRIED NEVER	MARRIED	B. DATE OF BIRTH	4	9.	AGE (In years		YEAR IF U	NDER 24 HRS.
Female	White	WIDOWED TO DIV	ORCED 🔲	Sept. 27			71 yrs.	Manths D	Pays Hau	ers Min.
10a. USUAL OCCUPAT	TON (Give kind of work do orking life, even if retired)	one 10b. KIND OF BUSIN	ESS OR INDU	STRY 11. BIRTHPL	ACE (State or	foreign count	ry)	12. CITIZI	EN OF WHA	AT COUNTRY?
House		At Hon	ne	It	alv			U.	S.A.	
13. FATHER'S NAME				14. MOTHER'S	MAIDEN NA	ME				
	Oreste Fran	zoni		L	ouisa	Frandi				
	ER IN U. S. ARMED FORC	ES? 16. SOCIAL SECURIT	TY NO.	NFORMANT			Add	ess		-
[Yes, no, or unknown]	If yes, give war ar dates of serv		Mr	. Vincen	t. J. I.	andi ci	na Gre	enspri	nokWa	Inut. A.
NO IR CAUSE OF D	EATH [Enter anly one caus	none		• 1110011	0 0 0	AGGI OI	110, 010	Olio pi 1		BETWEEN
	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)			ombosis	3				ONSET A	ND DEATH
171	DUE TO							. 11		
Conditions, if	And the state of	Carcinon	na of	cervix	with	exten	sive		6 m	onths
gave rise to	immediate Dur To				WI OIL	0250021	3210		2.12	
lying cause last	g the <u>under-</u>	me	tasta	ses						
	THER SIGNIFICANT COND	ITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO	THETERMIN	AL DISEASE CO	ONDITION GIV	EN IN PART	PEI	AS AUTOPSY RFORMED?
OR CONTRIBUTION	VAS UNDERLYING 2 IG CAUSE OF DEATH Y MEDICAL EXAMINER)	POB. DESCRIBE HOW INJU	URY OCCURRE	D. (Enter nature o	f injury în Pa	rt I or Port II	of item 1B.)			
ZOc. TIME OF INJU	10	20d. INJURY OCCURRE While Nat while at wark at wark	ED 20e. PL fo	ACE OF INJURY (I ctary, street, affice	Home, form, bldg., etc.)	20f. (City ar	tawn)	(Ca	iunty)	(State)
			20120+	27 10 55	7 4. Dog	o mb o x	7010 6	0		
	that I ottended the									
olive on ec	ember 17	, 19 00 , ond	that death	occurred at_	C A N	A, from the	causes on	d an the	date sto	ted obove.
ACTUAL T	Varx-50	11.10		1. 0			, city ar tawn,	state)		
SIGNATURE	Martin E. Si	row		M.D. 40	main	Stree	C		12.	-19-60
PHYSICIAN'S NAME (Type)	Martin E.	Strobel M.	.D.	Rei	sters	stown,	Mary:	land		
22a. BURIAL, CREMATI REMOVAL (Specif	ON, 22b. DATE THEREOF	22c. NAME OI	F CEMETERY C	R CREMATORY	2	2d. LOCATION	(City, tawn,	or county)	(5	State)
Removal (Specif	Dec. 22,	1960 Holy H	Redeeme	r Cemete	ry	Balt:	imore,	Md.		
23. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS 611 Park Hei	PLANT CH		24g REC'D	BY REGISTRAR	24b. REGIS	STRAR'S SIGN		
O'lermon	Lemmon 4	bll Park Hei	ights, B	alto.Md.	DATE					

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be reformed by the hospital at oftending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by a funeral director, page 3 should be detached far use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to buriol, cremation, ar removal, and in any event within 72 hours offer death.

VS A1S (4) 15M 9/SB

	HEATU TOULANTEE	13560	
eroula.val			
(.). Hill	(1.69) _ mars	nerty (wine mile F.G.) ( po	
Ha-Day Janua Janua Jahilo	A garding month of	A CONTRACTOR OF THE SECOND SEC	
Dir un P.S. Yellmane C. Hund	Landor to This Park weeks		
		Xines Hill Hall Stores	
		oli di ci alimanici	
line.	prizel	inserie des	
t and some store that the	al . Diddien Woley	NO.	
Add In the State of the State o	cleanworks to		
	attaches to		
and a second of a second of the second	had VEW II denga a to be about the first	Administration of the Company of the Land Company of the Company o	
Definition of the Design			
, ,	.1.	. Iven-its is all the little	
		· vv 1 12 (22 , -2) 1 v 2	

Ellsworth Armacost-4600 Liberty Hights. Ave.

VS A1S (4)

1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DEC 1 2 '60

Reg. Dist. No.

Baltimore

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

USA

(County)

Maryland

arthur & Kines

Hours

INTERVAL BETWEEN ONSET AND DEATH

12 hours

PERFORMED? YES NO IX

(State)

DATE SIGNED

Dec. 1960

(Stote)

l year

Manths

e. IS RESIDENCE ON A FARM?

YES NO

Year

19 60

Electrical Maintenance of U.S. Com.

# MODEL TO A CONTRACT OF THE PROPERTY OF THE

CHARLES OF THE PROPERTY OF THE

Hirek, Maw Karler

213-05-5834 Mrs. Marr M. Danter-3534 Incton -244.

# 12 B # 15 1.3 3 ft 6 to the Lot of

l The sense to an incomplicate added to the training of

0001.001

parties a replace to residuos per a contrata de la 
## 13562 CERTIFICATE OF DEATH Reg. Dist. No. with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed o. COUNTY o. STATE b. COUNTY MARYLAND death. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 & CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give negrest town P d. NAME OF HOSPITAL (If not in hospita), give street oddress) d. STREET ADDRESS OR INSTITUTION 211 5 2 NAME OF 4. DATE DECEASED OF (Type or print) EURS TON DEAT 6. COLOR 7. MARRIED MI NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months WIDOWED [ DIVORCED [ 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0 DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port It of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m 19 19 that I last saw the deceased 21. I certify that I attended the deceased from. , and that death occurred at 4.45 P.M. from the causes and on the date stated above. ADDRESS (Street, city or lown, state) ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMEJERY OR CREMATORY 22d. LOCATION (City, town, or county) poge 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE

Days

(County)

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (Stote)

(Stote)

ON A FARM?

YES T NO T

Yeor

19 60

Min.

15M 10/57

	W STATE DEPARTMENT	
TO TELL MILES TO THE STATE OF T		Carkt Land
	of Particle (Christ)	
market was more teating (CAT) and CAT and an applicable in the cate of the cat		
	and the state of t	

13536

	10000				Reg. Dist. No.
1. PLACE OF DEATH			2. USUAL RESIDENCE (Where	deceased lived. If instituti	on: Residence before admission)
. 6. COUNTY	Baltimore	MARYLAND	o. STATE Mary	land b. COUNTY	Baltimore
b. CITY OR TOWN and give negrest toy	(If outside corporate limits, write RUI	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outsi	de corporate limits, write R	URAL and give nearest town)
Towson			Towson		53
d. NAME OF HOSP	TAL OR INSTITUTION (IF no	st in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
228 Ridge	Avenue		228 Ridge Av	enue	YES NO
3. NAME OF DECEASED (Type or print)	First EDWARD	Middle ALBERT LORE	Lost 4. D	ATE Month	Doy Year r 20. 1960 19
5. SEX	6. COLOR OR RACE 7.	MARRIED TO NEVER MARRIED	. DATE OF BIRTH		IF UNDER TYEAR IF UNDER 24 HRS.
Male	White w	DOWED DIVORCED	October 28, 190	4. Se yrs.	Months Days Hours Min.
100. USUAL OCCUPAT during most of work Insurance	ing life, even if retired)	10b, KIND OF BUSINESS OR INDUS Ford-Griffin Agen	TRY 11. BIRTHPLACE (State or fo	T	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Edward !	Beckley Loren	Z	Mary	?	
15. WAS DECEASED E	VER IN U. S. ARMED FORCE:	S? 16. SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
No	None		Family Records		
Canditions, if gave rise la imm (a), stating the cause last.	underlying DUE TO	Arteriosch Vas eu	Inte Core	dia-Ren	al 2-yes
AOITO PARI II. OI	HER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH BUT I	TOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVE	N IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
PART II. OT	INTRIBUTING [	DESCRIBE HOW INJURY OCCURRED. (I	inter nature of injury in Part I or	Part II of item 18.)	
20c. TIME OF INJU Hour a. m p. m		20d. INJURY OCCURRED While Not while of work foot	CE OF INJURY (Home, farm, ory, street, affice bldg., etc.)	f. (City ar tawn)	(County) (State)
	that Ltook charge of from: Natural cau	the remains described about ses Accident , Sur	icide , Homicide   M.D. CHIEF MEDICAL EXAMINASSISTANT	, Undetermined co	Inquiry _, and find the cause  DATE SIGNED
22a. BURIAL, CREMATI REMOVAL (Specifi	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	61/	LOCATION (City, fawn, or	county) (State)
KEMOTAL (Special					
Burial  23. FUNERAL DIRECTO	Dec. 23, 1	960 Bulaney Vall	ey Memorial T	imonium, Mar	yland FRAR'S SIGNATURE

TO DEPUTY WOLCAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is necessary, please execute the cate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral differ. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your file.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, ar remaval. 5M 9/55

VS. A15ME(5)

The second secon to the first of the second of tate. 11. USI OH End unavilled buy Municipal of Harmoning. the least to the last the last to

ADDRES

24a. REC'D BY REGISTRAR

DATE

24b. REGISTRAR'S SIGNATURE

arthur 2 th

TO FUNER page he VS A15 (4)

death. Page

15M 10/57

**EUNERAL DIRECTOR'S SIGNATURE** 

	HTANG :	D TAD		
	051		F-10-10	
		34, T.		
		P		
	2.5		4.4	
Academic organic tests and property of the second section of the secti	THE RESERVE NO.		b in pare of deoperated in	

## 13300 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) e. COUNTY Page Health, b. COUNTY e. STATE MARYLAND BALTTMORE MARYLAND b. CITY OR TOWN (if outside corporale limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL end give neerest town) your Catonsville d. NAME OF HOSPITAL OR INSTITUTION (it not in hospital, give street eddress) Boar d. STREET ADDRESS for Cargil Ave. 2218 W. Favette St. State and 3 to the funer death NAME OF Middle 4. DATE DECEASED the LYLES (Type or print) MARY FRANCES DEATH December 26. with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | 2 with age 5 may 1 and 2 wil 72 hours last birthdey) March 9, 1925 WIDOWED I DIVORCED [ 35 yrs. Female 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Page done during most of working life, even if retired) Mississippi in pencil in Item 18. Give Pages Office along with form PM3. Pa pages 1 within 14. MOTHER'S MAIDEN NAME FATHER'S NAME Perry Hughes Mary Ella Skipwith event WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. (Yes, no, or unkown) | (If yes give wer or detes of service) 2218 W. Fayette St., Balto, James L. Lyles 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c),] Office along burial-transit p .5 DEATH WAS CAUSED BY. Septicemia and IMMEDIATE CAUSE (e) suppurative endometritis complicating pregnancy. removal, a DUE TO Conditions, if eny, (b) geve rise to immediate ceuse 10 DUE TO (e), steting the underlying Examiner 98 ö ceuse lest. pe nsed cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19, WAS AUTOPSY CERTIFICATION the word Medical pinous 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY TO OF CONTRIBUTING TO CAUSE OF DEATH. certificate, writing Chief 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm. ) 20f. (City or town) fectory, street, office bldg., etc.) Not While Hour a.m. While Catonsville et work et work OR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection . Inquiry 10 EDICAL be forwarded to agent, death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER lease execute the should be forward by FUNERAL DIT ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE December 27, 1960 DEPUTY MEDICAL EXAMINER William V. Lovitt, Jr., M. D. DEPUT NAME (Type) Address (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) Laurel. Id. Carver Memorial Park .. 6 0 Ø40 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE Rockville, Md. VS. A15ME arthur & Kraus 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

BALTIMORE

12. CITIZEN OF WHAT COUNTRY?

U.S. A.

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

(County)

NO [

(State)

Baltimore. Md.

and in my opinion

(Stete)

IS RESIDENCE ON A FARM?

YES NO

IF UNDER 24 HRS

Yee

TO THE RESIDENCE OF THE PROPERTY OF THE PROPER off teachers 221° ... = ... - ... ... [ ] ... Tecapore 26. 1 PW 60 1000 r a second a Jones . Jules and a nothing to the contract of Pull southfield . Consularly serious kierco and intensoons sylvarings and a Ostonsville Editione, 26. STY PERSONAL PROPERTY OF THE PERSON OF THE P the same of the same of, 1960 TOTAL MARKET P. LOYLOR, ST. Dr. Dr. 

# FOR STATE

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any definition is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Page 7, 2, and 3 to the fune, director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Pealth, or its designated agent, prior to burial, cremation, or removal, and in any event within 22 hours after death.

1+7 VS. AISME 5M 7/59

# MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13.566 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
o. COUNTY Baltimer	e. STATE D. C. b. COUNTY
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY QR TOWN (If outside corporete limits, write RURAL end give neerest town)
Rural - Paricton	Washington 47x-2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS Eaton Blace   o. IS RESIDENCE ON A FARM?
	144 Earon 1870CL ON A FARM?
3. NAME OF First Middle	Last 4. DATE Month Dey Year
(Type or print) Ernes' +	4900 GEATH 12/25/60 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
CU/ WIDOWED DIVORCED	Sam 10, 1921 40 yrs. Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during mest of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Caltarer	02 U.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry Punch	Rhoda Dogazina
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address
(Yes, no, or unkown) (Ifyesgivewerordetesofservice)	
18. CAUSE OF DEATH  Enter only one cause per line for (a), (b), end (c).	ach MOSS 144 Eaton 72. Wash B.C.
PART I. DEATH WAS CAUSED BY: RALL A - CONCO	head injury ONSET AND DEATH
IMMEDIATE CAUSE (e)	
DUE TO	
Conditions, if eny, which (b)	
geve rise to immediate cause (e), stating the underlying  DUE TO	
ceuse last. (c)	
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY
OLIV TOTAL T	PERFORMED?
200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury in Pert I or Pert II of item 18.)
PRIMARY M or CONTRIBUTING   Passenger in ca	n mas overturned @ high, peed
6 Hour 74 12/1/ While Not While	ACE OF INJURY (Home, form, 20f. (City or town) Harris Ving Expression of County) Expression of County Harris Ving Expression of County Harry and - Plansy Wania live
21. I certify that I took charge of the remains described above, he	
	cide , Homicide , Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL WO Kung	ASSISTANT MEDICAL EVAMINED TO
SIGNATURE	DEPUTY MEDICAL EXAMINER
EXAMINER'S W. Bradley King J.	Address (Street, city, town, or county) 1726/60
22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or country) (Stete)
	m. altavesta na
23 FUNERAY DIRECTOR	240. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATURE
Mes. 7. 10lson 1348 h. Culhoun 25	DATE DEC 2 0 '60 /1 - 9 46 .
	DATE DEC 2 9 '60   Chilan S. Krous

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STAT 1356 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Rasidenca before admission) director. Page or your files. and of Health, e. COUNTY b. COUNTY Baltimore Maryland Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Bradshaw Bradshaw Boar d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) B. STREET ADDRESS a. IS RESIDENCE ON A FARM? Reynolds Road Reynolds Road YES NO retained State and 3 to the fune death. Jr., 4. DATE 3. NAME OF Middle Month Yeer DECEASED the (Type or print) Mac AULEY DEATH may be re 2 with the ours efter o BRUCE GA RETELD December 60 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In yaers | IF UNDER 1 YEAR IF UNDER 24 HRS age 5 may 1 and 2 wit 72 hours e last birthday) Months Days Hours Male White WIDOWED DIVORCED [ Oct.19, 1911 10e. USUAL OCCUPATION (Give kind of work 11. 8IRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Page Is 1 an ve Pages 1, PM3. Page dona during most of working life, even if relired) File pages 1 Partnership Dry Cleaner Maryland. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME in pencil in Item 18. Give Bruce G. Mac Auley, Mary A. Jones ent form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Addrass permit. (Yes, no, or unkown) | (Ifyas give weror detas of sarvica) Office along with for burial-transit permit. 218-03-1248 Naomi E. Mac Auley Bradshaw no Md., This certificate should be executed 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Congenital deformity of aortic valve IMMEDIATE CAUSE (e) and DUF TO removel, Arteriosclerotic heart disease Conditions, if eny, which e, writing the word "pending" in the Chief Medical Examiner's Off Page 3 should be used as a but by to burial, cremation, or remov gava rise to immadiela ceuse DUE TO (a), slating the undarlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) I CERTIFICATION PERFORMED? YES X NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or fown) Month, Dev. Yeer (County) (Stete) factory, street, office bldg., etc.) While Not While at work al work sase execute the certificate, v should be forwarded to the FUNERAL DIRECTOR: Pa prior 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry and in my opinion MEDICAL death resulted from: Natural causes Acciden Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 12/24/60 DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S Charles S. Petty, M.D. NAME (Type) Address (Street, city, town, or county) ease 22c. NAME OF CEMETERY OR CREMATORY 228. BURIAL, CREMATION, 225. DATE THEREOF 22d. LOCATION (City, town, or country) (State) its REMOVAL (Specify) 40 6 Balto., Co., Md Burial Dec . 27.1960 Salem Methodist VS. A15ME DEC 2 8 '60 Abingdon, Md., Civiling & Kraus 5M 7/59 DATE

the Parish

All the seasons and the seasons are se

back ablowers back ablowers

THE CALL OF THE PARTY OF THE PA

mis raise process of the contract of the contr

First and the Claimer Mary and U.S.A.,

Buc. . culty, Tr.,

C18-03-1446 Minutes and Autor Binuch w Min.

Aviav elifera lo plicipleo islino col

ness the June 1 of tone tone in acres

Still Co. T. J. Co. St. on Meta-

Charles S. Potty, M. D.

e. She made mid

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

13568 CERTIFICATE OF DEATH

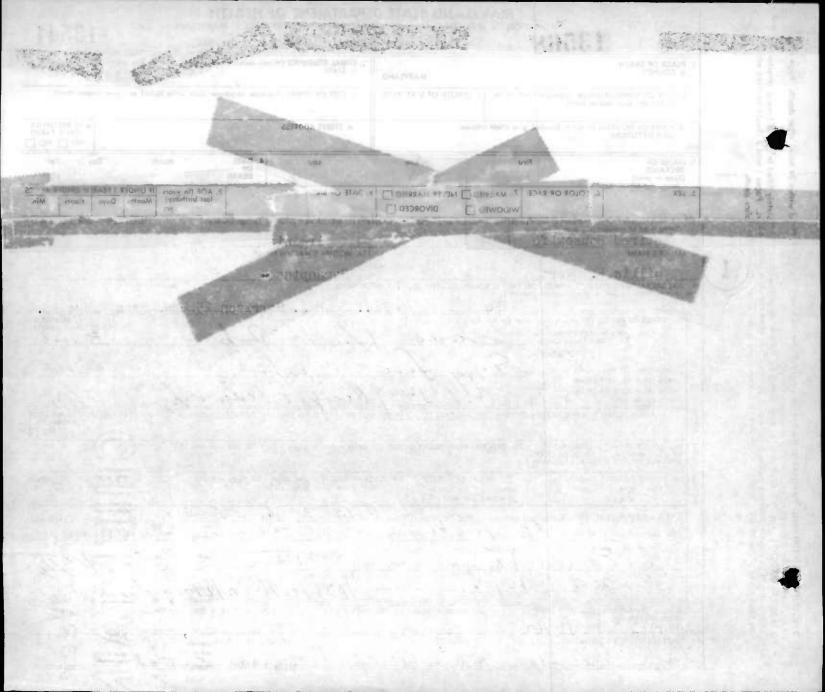
13541

						-		-		
1	1. PLACE OF DEATH o. COUNTY Baltimore		MARYLAND	2. USUAL RESIDENCE (M. STATE Maryland	Vhere decoursed	lived. If institut	on: Residend	e before adi	mission)	
V	b. CITY OR TOWN (If outs RURAL and give nearest	side corporate limits, writ tawn)	c. LENGTH OF STAY IN 16	b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town						
	Catonsvill			Catonsvi]	Lle		20 %	de .		
	d. NAME OF HOSPITAL (III OR INSTITUTION	f not in hospital, give str	eet oddress)	d. STREET ADDRESS				e. IS R	A FARM?	
	mad as a	n Ridge Roa	d	25 Edmond	dson R	idge koa	d /		□ NO □	
I	3. NAME OF DECEASED (Type or print)	First	Middle	Last	4. DATE OF DEATH	Mon		Doy 1960	Year 19	
		COLOR OR RACE 7. M	ARRIED NEVER MARRIED	B. DATE OF BIRTH		De cembe		YEAR IF UN		
			OWED DIVORCED	June 22,1884		lost birthdoy) 70 yrs.		Days Hau		
	the second contract of		OL KIND OF BUSINESS OR IND		e or foreign cou	intry)·	12. CITIZ	ENOFWHA	COUNTRY?	
50	during most of working I	ife, even if refired)	and the same		S references	ENASC PURE		adoption at the		
\	Retired Ho	ousewile		VIATION 14. MOTHER'S MAIDEN	50 G.1				170	
1	3. FATHER'S NAME	GRann.		14. MOTHER 5 MAIDEN	NAME					
1	villis.4.			Samanptha	4					
	15. WAS DECEASED EVER IN (Yes, ne, or onknown) (If yes,	U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT		Add	ress			
	No		No I	Irs. John A. F	larrisor	1 25 Edm	ondson	Ridge	Rd.	
			r line for (a), (b), and (c).]	01	0	1		ONSET AN		
	PART 1. DEATH V	VAS CAUSED BY: MEDIATE CAUSE (o)	dance,	1Luis	(Idal)			8	220	
	201.	DUE TO	OP	1	0		200		Marie N	
	Conditions, if any,	which )	Zune Stral	- Cuis	low-			6 %	220	
Н	gave rise to imme	diate	189	10	~ /	,	0		0	
	lying cause last.	(c)	0:1:00	1 Attaligo 1	rede	who		21	2	
	Z PART II. OTHER S	IGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH P	T NOT RELATED TO THE TER	MINAL DISEASE	CONDITION	EN IN PART	1(a) 19. WA	S AUTOPSY	
	PART II. OTHER S								FORMED?	
	200. ACCIDENT WAS UN OR CONTRIBUTING C (IF EITHER, NOTIFY MED	CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURE	RED. (Enter nature of injury in	n Part I or Part	II of item 1B.)				
	20c. TIME OF INJURY M Hour a. m. p. m.	w W		PLACE OF INJURY (Home, for actory, street, affice bldg., e		or town)	(C	ounty)	(State)	
	21   certify that (1)	(this haspital) atte	ended the deceased from	Ochh 3 1	960 ta >	HED. 1	2 1966	C that (	(we) last	
	saw the deceased		. ,	death accurred at 3	M, from t	he causes an	d on the	date stat	ed above.	
	220. SIGNATURE	1 1 . 1					h.	. /	22b. DATE SIGNED	
	Des Co	ill lik	Min	M.D. ATTENDING PHYS.	MED.	STAFF PHYS.	7	C//	162	
	22c. PHYSICIAN'S NAME (Type)	0. 1. 1.	1/	22d. ADDRESS	140	1	1	1	5	
	TANKE (Type)	The IV	100	1128/17	Thon	Trust	151	18) 12	)24	
	230. BURIAL, CREMATION,	23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATI	ON (City, town,	ar county)	(S	tate)	
	REMOVAL (Specify) Burial	12/15/60	Loudon Par	alr	Balti	more M	arvlan	d		
1	24. FUNERAL DIRECTOR'S SIC	GNATURE //	ADDRESS		C'D BY REGISTR		STRAR'S SIG			
1	Hox Or links	rests lans	Belto 17	VAL DATE-	C 1 4 '60	Carl	hug 8, 40	Aug		
		WY LI PATE IV	1370000	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	- 1 M EN	1 1000				

ofter death. Pages he funeral directa ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs pup TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hai may be returned by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached far use as the burial-transit permit. Then please remave carban pagers. Pages 1 and the State Board at Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death.

VR A15 (4) 1SM 9/59



# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13560

# CERTIFICATE OF DEATH

13542

L		TOODI	CERTITIO	716	OI DEATH			Reg. Dist.	No.	
1.	PLACE OF DEATH o. COUNTY	Baltimore	MARYLAND	2. US	STATE Md .	ere deceased	fived. ff institutio b, COUNTY		before admiss	ion)
)	b. CITY OR TOWN RURAL ond give Catons		c. LENGTH OF STAY IN 16	c.	CITY OR TOWN (IF or Baltin		ote limits, write RU	JRAL ond giv	nearest town	-4
	OR INSTITUTION	TIAL (If not in hospitol, give street ouse in the F		fo	street address rmerly of	r Orlea	ns Stre	et		IDENCE FARM? NO [3]
3.	NAME OF DECEASED (Type or print)	First JAME'S	Middle T.	M	Lost ARTIN	4. DATE OF DEATH	Mont		/	Yeor 19 60
5.	sex male	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8. DAT	E OF BIRTH		9. AGE (In years lost birthdoy) yrs.	IF UNDER 1		
	o. USUAL OCCUPAT	TION (Give kind of work done foborking life, even if retired)	KIND OF BUSINESS OR INDE	JSTRY 1	1. BIRTHPLACE (Stote of		7	~~	EN OF WHAT	COUNTRY
	CLergk  L FATHER'S NAME	Johns F	lopkins Hosp		Hungar MOTHER'S MAIDEN N			пи	ngary	
		unknown					nknown			
	, WAS DECEASED EN (es, no or unknown)	VER IN U. S. ARMED FORCES? 16 (If yes, give wor or dates of service)		ert:	rude Tylo				sell .	Ave.
		g the under:	selvered Hero-	or	arterios	cher	raio		INTERVAL BE ONSET AND	TWEEN DEATH
CFRTIFICATION	PART II. O	THER SIGNIFICANT CONDITIONS						EN IN PART 1	PERFO	AUTOPSY PRMED?
1		IG CAUSE OF DEATH	SCRIBE HOW INJURY OCCURR							
MEDICAL	20c. TIME OF INJU Hour o. m p. m	. While		clory, s	F INJURY (Home, form, treet, office bldg., etc.	, 20f. (City )	or town)	(Co	ounty)	(State)
	21. I certify alive on  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the deceand the second the s	sed fram. 1-2 50, and that deat Caper		irred at 3 as	_M, fram		nd an the	date state	
27	REMOVAL (Specif Burial	10N, 22b. DATE THEREOF (y) 12/12/60	Holy Redee		Cemeter		ION (City, town, o altimor		(Stat	e)
23	Schimune 2601 E.	k Funeral Hor Madison St.			240. REC'D	C 1 4 16	RAR 24b. REGIS	TRAR'S SIGN		

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hau

her death. Page 4

TO HOSPITA VS A15 (4) 15M 9/55

	TE OF DEATH	CERTIFICA	eath E	
	AND ADDRESS OF THE PARTY OF THE			
Environ				
The District will be with				
		a Historianos med autinitos (h. 1914 - 1914 - 1914) autinitos (h. 1914 - 1914)		6.1
			and the second second	
			Far Control	
			AND DESCRIPTION OF THE PARTY OF	
tions on the last track of the second of the	St. Balle Line 13		angeliete han gelt finan fiches and	
The state of the s			000 10 25 15 17 1	

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13543

	7300							
I. PLACE OF DEAT	тн			III III III III III III III III III II	ESIDENCE (	Where deceased lived, If		enca before edmission)
a. COUNTY	AT TIM TO TO		MARYLAND	a. STATE	MARYLA	b. COUN	MY BOD	to
b, CITY OR TOWN	(if outside corporate limit	5,	c. LENGTH OF STAY IN 16	c. CITY OR		tside corporate limits, write	e RURAL and give	e nearest town)
writa RURAL a	nd give nearast town)						C	
FORT HOWAR	PITAL OR INSTITUTION (ii	Cast la has	55 DAYS	d. STREET	VDALK		22	a. IS RESIDENCE
d. NAME OF HOS	STILL OK INSTITUTION (II	noi in nos	pilel, give street address)	d. SIREEL	ADDKE22			ON A FARM?
	DMINISTRATIO	N HOS	PITAL	7512 1	HOLABIR	D_AVENUE		YES NO
3. NAME OF DECEASED	First		Middle	Last	4.	DATE Monti	h Day	y Year
(Type or print)	JOSE	PH	Α.	MAYGE	RS	DECEN	MRTER 2	19 60
5. SEX			D NEVER MARRIED   8	DATE OF BIRTH		9. AGE (In years	IF UNDER 1 YEAR	R IF UNDER 24 HRS.
MATE		WIDOWE	D DUVEDOS T	י פעזות	1907	last birthday)	Months Days	Hours Min,
MALE 10a. USUAL OCCUPA	ATION (Give kind of work		IND OF BUSINESS OR INDUSTI	JULY 7	CE (County &	State, or foreign country)	12. CITIZEN	OF WHAT COUNTRY
	working lifa, aven if retired							
BOILERMA	KER	STA	INDARD OIL CO	LA LICETISTIC		LAND	U.	S.A.
3. FATHER'S NAME				14. MOTHER'S	MAIDEN NAM	VE.		
CHARLES	MAYGERS			CATH	ERINE H	OFFMAN		
	EVER IN U.S. ARMED FOR (If yes give war or dates of se		SOCIAL SECURITY NO. 17.	INFORMANT		Address		
YES	WW-1		5-07-1399 CL	IN REC I	TAH BAT	TO 18 MD F	מפאנשמע ז	DIVISION
	DEATH [Enter only one	cause per I	ine for (a), (b), and (c).]	LIV TUBO	THE THE	TO TO IM I		NTERVAL BETWEEN
PART I. DEA	ATH WAS CAUSED BY:	O TOTAL	ווים מכונים וויים מכוים	I CIP			9	ONSET AND DEATH
1221	IMMEDIATE CAUSE (a)_	CILIT	EBRAL HEMORRH	NO.				3 DAYS
331	DUE TO							
Conditions, if a		GEN	ERALIZED ARTE	RIOSCLERO	SIS			UNKNOWN
(a), stating the	OT BUILT A							100120
causa last.								1 5 3
PART II. OTH	HER SIGNIFICANT CONDIT	IONS CON	TRIBUTING TO DEATH BUT NO	OT RELATED TO T	HE TERMINAL	DISEASE CONDITION GIV	VEN IN PART 1(a)	19. WAS AUTOPSY
PROMO	TIODNITTINONIT A	ADMI	ים דהפרו בים החדר נ	TEADT DIE	TOACT		-	YES NO
20a ACCIDENT	HOPNEUMONIA;		RIOSCLEROTIC I			l or Pert II of item 18.)		
OR CONTRIBUTION	NG CAUSE OF DEATH	200. 013	CRIBE HOW HOOK! OCCORES	, (Email nature)	,.,,,			
20c. TIME OF IN	IJURY Month, Day, Yes			ACE OF INJURY		20f. (City or fown)	(County)	(State)
Hour a.m		While of wor		tory, street, office	bidg., etc.)			
	n. 19		t-mail t-mail	0.1. 0/	106	O . Dec 2	1. 1060	Xiv
saw the dece	that XI) (this hospit	c. 24	ded the deceased from	death occur	4:05	M, from the causes	and on the	date stated above
22a, SIGNATUR								22b. DATE
	4		2,1	ATTENDIN PHYS.	DIREC	TOR PHYS.		12-24-6
22c. PHYSICIAN NAME (Typ		RUBT	are takin	VAH B	VI II. 1014	RE 18 MD-FT	HOWARD T	TVTSTON
3. BURIAL CREAT	ATION, 236. DATE THER		23c. NAME OF CEMETERY			3d. LOCATION (City, to		(State)
REMOVAL (Speci	12-27-6			TTONAL.		BALTIMORE	MARYTAN	
24 FUNERAL DIRECT	OR'S SIGNATURE		ADDRESS	LLUMBI	25a. REC'D	BY REGISTRAR 256. RE		
			Wise Ave		DATEAN 3	'61 a	Thur S. Kra	u.A
John J Duc	da	Dund	alk 22 Md		PAIGENT		201	

death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fined in by the funeral director, page 3 should be detached for use as the burjat tags! Permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, corremoval, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

Order and the			
Belle	di Linder		IN Table
	AMALIEU - EVE		devilore in
	and departmentages &	MATHRAL	mounted that the second
0831 13 #ENSAG	artings.	4	
	July 1, 1091		SEE SEE SEE
.4.8.0	THE	o dia deventa	
	NAME OF STREET		S NOW BUT SHE
CONTRACTOR OF THE PROPERTY.	AND DESIGNATION OF REAL PROPERTY.	4867-46-EUS-	ans 2
attau c g mile	Liwis .	Dividia in Albando	
HWACE A	3189010801.10	PRA CERTACEMEN	
o. 181 160 1.51	24:495 · · · · · · · · · · · · · · · · · · ·	, 2k 1,60 m	
-45-51 12-24-			
dicarni a LV n 72-1	it as rows him.	i s	andmy.r
WALLES AND	dias angus	SULT THE	gas they
1 - 1 - 1			John & John Santa

should

TO HOSPITA RATENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours a moy be required by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 should be detached for use as the burial-transit permit. Then please remaye corban papers. Pages 1 and 2 the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/59

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

fter death. Poge 4 the funeral director, be filed with DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

49574

CERTIFICATE OF DEATH

13544

Н	10011		11			
	NAME OF DECEASED	C AA AA	,	2. DATE OF DEATE		1
(I)	(pe or Print)	SMITH MCM		DEC. 6		
3.	PLACE OF DEATH IN BALTIMORE	, MARYLAND	4. USUAL RESIDENCE (Where dec	ceosed lived. If institution DUNTY	on: residence befor	re odmission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTE ADDRESS TOR LOCATION)	TUTION, GIVE STREET	Maryland	(If outside city lim	ite weite DIIPAL o	ad aim township)
	HOSPITAL OR ADDRESS DR LOCATION	- County	c. CITY OR TOWN	(if ourside city time	iis, write RUKAL O	na give iownship)
1	501	Toward 1	Baltimore D. STREET ADDRESS	(If rurol	give_location)	
(	Towson Conval	lesent Home	4505 Roland A	ve	3 V	01-6
5.	SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9	. AGE (In years last birthdoy)	If Under 1 Year	If Under 24 Hours
F	emale White	Widowed (speed)	March 2, 1876	84	Months Days	Hours Min.
10	A USUAL OCCUPATION (Give kind of	10s. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF	-
wor if re	k done during most of working life, even elired) None		Maryland		U.S.A	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
)	T - TT C 2 1.3.		Vannaga D Gi	hadn		
15	James H. Smith Wos Deceased Ever In U. S. Armed Forces?	16. SOCIAL	Frances R. Gi	USULI	ADDRESS	
Yes	, no or unknown) (If yes, give wor or dates	s of service) SECURITY NO.		4.7. TT	- 2 1	
	The second second		F. Howard Smi	th Homewo	od Apt.	
	18:	CAUSE	OF DEATH		INTERVA	AND DEATH
	(This does not meon the mode of dy heart failure, asthenia, etc. It means the injury or complication which caused ANTECEDENT CAUSES	e disease, dideoth.)	gestive Head terioscierokih ) Arkrim Nyp 3) Auricular Fi	EART DISC	AIC YCA	945.
z	DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.	TING THE	Mioselmosis 9			
2		NATE	A Section 7	SIVEN NOT DES	6	
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTROL  TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT,		IM DENIZE O			
L CER	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	PA. DATE OF OPERATION	98. CONDITION FOR WHICH OPERA VAS PERFORMED	TION	20. AUTOP	NO NO
	22. 1 sertify that (1) (this happital 12 - 6 - 60	ottended the deceased from	/	YCARS	60	19to
	and that in (my) (our) opinion of	leoth occurred at	_m., from the couses and on	the date stoted o		
	ATTENDING PHYS. MED. DIRECTOR	dy weller	8. ADDRESS 8500M. Calver	t St.	23c. DATE SIGN	60
24 RE	A. BURIAL, CREMATION, MOVAL (Specify)	24c. NAME OF CEMETERY OR CRE	MATORY 24p. LO		own, or county)	(Stote)
	Burial Dec.8.1			ikesville Ma	aryland	DDRESS
25	A. DATE REC'D BY HEALTH DEPT.  DEC 7 '60	258. NAME OF REGISTRAR	2Sc. FUNERAL DIRECTOR	22 0 0		DDKC23
	DEG 1 00	Annual S' I Marine	John O. Mitel	nell a Soms	Inc	

	The local particular	DITTO STATE OF THE PARTY	
19000		a the second	
			50.45

MARYLAND STATE DEPARTMENT OF HEALTH

	13572	CERTIFICA	TE OF DEATH	PRE 1, MARYLAND	13545
	LACE OF DEATH L COUNTY Altimore County	MARYLAND	2. USUAL RESIDENCE (Where o. STATE	deceased lived. If institution: b. COUNTY	Residence before admission)  ALTO (CITY
ŀ	CITY OR TOWN (If autside carporate limits, we RURAL and give nearest town)  Wilson, Maryland	c. LENGTH OF STAY IN 16	c. CITY OR TOWN If outsi	de carporate limits, write RURA	L and give nearest town)
	I. NAME OF HOSPITAL (If not in hospital, give st OR INSTITUTION t. Wilson State Hospita		d. STREET ADDRESS	Boad an	e. IS RESIDENCE ON A FARM? YES NO
3. 1	JAME OF SICE ASED Type or print)	Middle		DATE Month OF DEATH	Day Year
S. S		MARRIED NEVER MARRIED DOWED DIVORCED	8. DATE OF BIRTH 8 - 5-1892		UNDER 1 YEAR IF UNDER 24 HRS. onths Days Haurs Min.
10a.	USUAL OCCUPATION (Give kind af wark dane during most of working life, even if relired)	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Slote or f	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME WILLIAM ME	CHALSKE	14. MOTHER'S MAIDEN NAM	IE BOBBE	TT
{Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? no. or unknown) (If yes, give war or dates of service)		NFORMANT Spital Records,	Address Mt. Wilson Sta	ate Hospital
	18. CAUSE OF DEATH [Enter only one cause p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate  (b)		THROMR	oric	INTERVAL BETWEEN ONSET AND DEATH
CATION	PART II. OTHER SIGNIFICANT CONDITION  PART II. OTHER SIGNIFICANT CONDITION  PULMONARY	ANTRACOSTS	FIBRUIT :	F THE LUNG	IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
AL CERTIF	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE			
MEDIC	Haur a.m.		ACE OF INJURY (Hame, farm, ictary, street, affice bldg., etc.)	20t. (City or fawn)	(Caunty) (State
	21. I certify that (I) (this haspital) at saw the deceased alive an 1222. SIGNATURE		:A . A	10	22b. DATE
	22c. Physician's NAME (Type) Wm. Newcomer, M.D., S.	uperintendent	22d. ADDRESS	tate Hospital.	Mt. Wilson, Md

23c. NAME OF CEMETERY OR CREMATORY

23b. DATE THEREOF

23a. BURIAL, CREMATION, AEMOVAL (Specify)

25b. REGISTRAR'S SIGNATURE

23d. LOCATION (City, tawn, ar caunty)

2Sa. REC'D BY REGISTRAR

the attending physician and completely filled in 27 the funeral director, Then please remove carbon papers. Pages 1 and 2 shauld be filed with may be ref. (2) by the haspital or attending physician.

TO FUNERAL WRECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and the State Board of Health prior to burial, crematian, or remaval, and in any event within 72 hours after death.

**ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 had

er death. Page

TO HOSPITA VR A1S (4) 1SM 9/59

-1-1 V - 1-1-1 TT 5 SScS 51ffe BALLARDED THEREIN BOD OF THE SHOP DOWNERS ON BUT IN A ST Chan S and I so the state of th SE HARAMA CALLY - - Late 1 for the first of the table of table o C. Salaran and S. S. Land and S. S. Salaran and S. S. Salaran and S. S. Salaran and S. S. Salaran and S. S. Salaran and S. Salara

# TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retermed by the haspital and a special physician. TO HOSPITAL OR ECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remayal, and in any event within 72 haurs after death.

	MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
13	573	CERTIFICATE	OF DEATH	R

CERTIFICATE	OF DEAT
CENTRE	VI VLA

Reg. Dist. No.13546

1. PLACE OF DEATH a. COUNTY B	LTIMOR	E	MARYLAND	a. STATE	SIDENCE (WH	here deceased lived	L COUNTY	Residence befor	
b. CITY OR TOWN (IF RURAL and give nec	autside corporate timit irest tawn)	s, write	c. LENGTH OF STAY IN 16			outside carporate li			rest town)
HEREF			2 months		RUR	14 -	Heref		
d. NAME OF HOSPITA OR INSTITUTION	L (It not in haspital, g	ive street c	address)	d, STREET	ADDRESS			· ·	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	MAI	24	EL13 A E	BETH A	ast MEDFOR	4. DATE OF DEATH	Month /2	Day 2 4	
5. SEX	1 1		DIVORCED	A PRIL		ATAA los		UNDER 1 YEAR Days	Hours Min.
100. USUAL OCCUPATIO	V (Give kind of wark of	lone 10b. I	KIND OF BUSINESS OR IND	USTRY 11. BIRTH	PLACE (State			12. CITIZEN OI	WHAT COUNTRY
Houseworl	ng life, even if retired)		Home	N	1ARY	LAND		0	SA.
13. FATHER'S NAME					'S MAIDEN N				
THO	MAS	MA	RINE	E	LIZA	BETH	CER	PAFT	
5. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMANT,		./	Address	MONK	TOW
No	742 914 1101 01 0014 01 14	2:	18-01-0083	SON		HERE	FORD	MO	
	H WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	CE	e for (a), (b), ond (c).]  FRE BRAL  TERIO - SC	UASU			CIDEN	† ONSI	RVAL BETWEEN ET AND DEATH  // LUCOA
gave rise to im cause (a), stating t lying cause lost.			TERIO - SC				DISEAN	= `	
CATI		DITIONS C	ONTRIBUTING TO DEATH BU	T NOT RELATED	TO THE TERMI	NAL DISEASE CON	NDITION GIVEN I	N PART 1(a) 19	P. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCURE	ED. (Enter nature	of injury in I	Part t or Part II af	item 18.)		
20c. TIME OF INJURY Hour a. n. p. m.	Month, Day, Yea	While	Nat while at work	PLACE OF INJURY octory, street, aff	(Home, farm ice bldg., etc.	, 20f. (City ar to	wn)	(County)	(Stote)
21. I certify the	it I attended the	decease	ed fram	, 19	, to		, 19,th	at I last sa	w the deceased
alive on		_, 19	, and that deat	h accurred a	5 33	M, from the	causes and	an the date	e stated above
ACTUAL C	Herbert	-Me	eller J.	He		ADDRESS (Street, of	city or town, state	Jud.	DATE SIGNED
			MUELLER		7			V	
220. BURIAL, CREMATION REMOVAL (Specify)		F	Washington	OR CREMATORY		22d. LOCATION	(City, town, or co	unty) Land	(State)
23. FUNERAL DIRECTOR'S J.J. Frampt	SIGNATURE Son	Fed	eralsburg, Ma	ryland	240. REC'I	D BY REGISTRAR	24b. REGISTRA	R'S SIGNATURI	

A Late Land of the HEASE		CERTIFIC	
		aumus)	
HELETORS ALS	300		
CHANNEL SECTION OF THE SECTION OF TH		Anno SSAS	A Ballandon And
			Parties Amelian of the committee of the
			ere to a construction of the second
		Open is to bro	EL Lourdly shall gate ded the difference of a first con-
		Lawrel at	The state of the s
man and a second		100 miles 100 miles	defendant and Marine

be filed with he funeral directar

should

and

Pages 1

event, within 72 haurs after death papers.

. =

the attending physician and remove

en please in any т

> remayal, permit.

ter death. Page 4

1	DIVISION OF	STATISTICAL RESEAR  CERTIFIC	CH AN	D RECORD		MORE 1,			1	354	17
1. PLACE OF DEATH o. COUNTY Baltimore		MARYLA		2. USUAL R o. STATE M8	esidence (wi	here decease	d lived. If institution b. COUNTY	on: Reside	nce befo	re admissi	ion)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) Fort Howard.  29 Days			11Ь		timore	977.45	rote limits, write R	URAL and	give neo	rest town	
OR INSTITUTION	AL (If not in haspital, give street Administration				t address 8 McEl	derry	Street				IDENCE FARM? NO 🛣
3. NAME OF DECEASED (Type or print)	First FRANK	Middle $\mathbb{N}$ .	M	EINZIN	Last IGER	4. DATE OF DEATH	Mon Decemb		22	,	Yeor 19 60
s. sex Male	6. COLOR OR RACE 7. MAR White WIDOW	RIED NEVER MARRIED	N. I	Febru	erth	1896	9. AGE (In years last birthday) 04 yrs.	IF UNDER	Days	Hours Hours	R 24 HRS. Min.
10o. USUAL OCCUPATIO during most of worki Salesman	ng life, even if retired)	KIND OF BUSINESS OR Hardware Sto		STRY 11. BIRTHPLACE (State or foreign country)  Baltimore, Maryland  U. S. A.							
13. FATHER'S NAME John Meinz	inger				R'S MAIDEN N					34	n 15
15. WAS DECEASED EVER	IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.		DRMANT		7	Addore 18, Md.		HOWA	ARD I	DIVISIO
1B. CAUSE OF DEAT	TH [Enter only one couse per l	ine for (o), (b), ond (c).]								RVAL BET	

1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: CEREBRAL THROMBOSIS, RIGHT MIDDLE ARTERY	ONSET AND DEATH
443 DUE TO ARTERIOSCIEROSIS AND HYPERTENSION	UNKNOWN
Conditions, if ony, which ) DUE (DEC HYPERTENSIVE ARTERIOSCLEROTIC CARDIOVASCULAR	14-5-5-5-1
couse (o), stating the under-	UNKNOWN
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAI	PT 1/01/10 WAS ALITOPSY

PERFORMED? YES NO NO

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER)

CERTIFICATION 20c. TIME OF INJURY Day, 20e. PLACE OF INJURY (Hame, farm, Yeor 20d. INJURY OCCURRED 20f. (City or town) (Caunty) (Stote) factory, street, office bldg., etc.) Hour a.m. While at wark Nat while at wark p. m.

Dec. 21. I certify that XI) (this hospital) attended the deceased from that (N (we) lost , and that death occurred of saw the deceased alive on Dec. from the couses and on the date stated above

22o. SIGNATURE ATTENDING PHYS. MED. STAFF PHYS. DX M.D. 22d. ADDRESS

22c. PHYSICIAN'S NAME (Type) FREDERICK S. DONALDSON, M.D.

VAH, BALTIMORE 18, MD., FT. HOWARD

23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Holy Redeemer Cemetery 24, FUNERAL DIRECTOR'S SIGNATURE ADDRESS

23d. LOCATION (City, town, or county) Mary Land Baltimore

Schimunek Funeral Home 2601 Madison St.

25b. REGISTRAR'S SIGNATURE CD BY REGISTRAR arthur & thous

**ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haug may be reformed by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed page 3 shauld be detached for use as the burial-transit the State Baard of Health priar to burial, crematian, ar r

TO HOSPITA VR A15 (4) 1SM 9/59

	DELICATION DELICATION	
10 Teg 5 D		
	Libert Same I Walley	
TO the American		
	16	
	The local way and	
		di anni 1800 a

e. IS RESIDENCE

ON A FARM?

YES NO

19

INTERVAL BETWEEN ONSE AVEREN

> PERFORMED? YES NO TA

> > (Stote)

22b. DATE SIGNED

60

Baltimore

U. S. A.

(County)

13575 CERTIFICATE OF DEATH director, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission) filed a. COUNTY o. sMaryland b. COUNTY MARYLAND Baltimore eral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest town) Fort Howard ъ 9 Days Fort Howard, Maryland d. NAME OF HOSPITAL (If nat in haspital, give street address) d. STREET ADDRESS OR INSTITUTION Veterans Administration Hospital Quarters pup 2 NAME OF First Middle 4. DATE Lost Month DECEASED D. OF DEATH December 14 J. MEISEL. M. death. (Type or print) HERMAN IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months September 26,1908 DIVORCED | WIDOWED | White Male off 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dod hours during mast of working life, even if retired) W. Hoboken, New Jersey Medicine - Hospital Urologist - Surgeon and pou 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Clara MN: Unknown Abraham S. Meisel remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Clinical Records attending Baltimore 18, Md. Fort Howard Division Yes WW II 18. CAUSE OF DEATH [Enter only ane couse per line far (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: HODGKIN'S DISEASE IMMEDIATE CAUSE (a) **DUE TO** by ÷. Conditions, if any, which gned gove rise to immediate **DUE TO** cause (o), stoting the underlying cause lost. 9 O PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY ati 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature af injury in Port I ar Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, Day, 20d. INJURY OCCURRED 20f. (City or town) foctory, street, office bldg., etc.) a. m. While Not while at work at work p. m. 1960 December 14 21. I certify that (I) (this haspital) attended the deceased fram December 5 M, from the causes and an the date stated above. 19 60, and that death accurred at saw the deceased alive an Dec. 14 CTOR: 22a. SIGNATURE PHYS. M.D. DIRECTOR | PHYS. 22c. PHYSICIAN'S 22d. ADDRESS 0

page the St 0

death.

that

NAME (Type) r. Frederick S. Donaldson 23g, BURIAL, CREMATION. 23b. DATE THEREOF

REMOVAL (Specify)

Removal.

24. FUNERAL DIRECTOR'S SIGNATURE

VAH BAITIMORE 18, MD. FT. HOWARD DIVISION 23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) Elmont, New York 250. REC'D BY REGISTRAR

25h REGISTRAR'S SIGNATURE

(State)

DATE DEC 1 6 '60 6007 Hanford ha

**ADDRESS** 

Beth David

15M 9/59 SHIPPED TO:

VR A15 (4)

GORLICK FUNERAL HOME, 1700 Coney Island Ave., Brooklyn, N. Y.

E. 01.0211	<b>自由自由的一种名为</b>			conditie
	The same	U. IS A TOP OF		
			Aleksa Cara	
			100	966
TALL AND THE	A PARTIE OF THE PROPERTY OF THE PARTIES OF THE PART	and the second second	100000	
		The state of the s	AND THE PARTY	
	A processor that each		The Land of	- mail (1)
- mogrations are		•	11.19	A
		maker at the man		
Milk February Land	A service of a service			
	The state of the s		0 00	
DOLLARY SHAPE				
7,007	West Comments	War to though	THE PARTY OF THE PARTY OF	Trebelle

ASSESSMENT SERVICES

# FOR STATE HEALTH DEPT

is necessary, please rectar. Page or your files. Board of Health, 

0

**VS. A15ME** 5M 2/57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13439 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13549 Reg. Dist. No

		COUNTY	Baltin	nore			MARYLAND	2. USUAL RES	50 de	(Where deceding ryland	7	nstitution: Re			
	b.	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give negretal town)  Dundalk  c. LENGTH OF STAY IN 1b  3 yrs.				c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  5 2 Dundalk					wn)				
	-	NAME OF HOSP	0	itution (ii Smith			street address)	d. STREET /		Smith	Drive	)		ON	A FARM?
	D	AME OF ECEASED Type or print)	Jai	First nes		son	Middle (本本本版数)	Middl		4. DATE OF DEATH	Dec	Aonth	Doy 12	7	9 60
	_	Male	White	9	WIDOWE	ED 🔲	DIVORCED   B	Aug. 2	5.			yrs. IF UNI	DER TYEAR Doys	Hours	Min.
	du	usual occupat	ION (Give kir king life, even 1 VO 1	if relired)	one 10b.	KIND OF BU	USINESS OR INDUST	Mar	yla	ote or foreign and	country)		CITIZEN O		COUNTRY?
	13. F	FATHER'S NAME	ess M	iddle	ton			14. MOTHER'S		NAME ster M	iddlet	ton			
		WAS DECEASED E	VER IN U. S.	ARMED FOR	CES? 16.		CURITY NO. 17. IN 8-4997 M	rs. Ha	tti	Le Mid		dress 1 Same	e as	2 I	)
		Conditions, if gave rise to imm (a), stoling the cause lost.	any, which ediate couse underlying	CAUSE (o)  DUE TO  (b)  DUE TO  (c)	ITIONS C	ONTRIBUTION	NG TO DEATH BUT N	O C C L			SE CONDITION	I GIVEN IN F			AUTOPSY PRMED? NO ID
	L CERT														
	4.	21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry and in my opinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner .  ACTUAL SIGNATURE . M.D. CHIEF MEDICAL EXAMINER . ASSISTANT MEDICAL EXAMINER . DEPUTY . DEPUTY MEDICAL EXAMINER . DEPUTY . DEPUTY MEDICAL EXAMINER . DEPUTY . DEPUTY . DEPUTY MEDICAL EXAMINER . DEPUTY . DEPUT													
	27a.	BURIAL, CREMAT	10N. 27b. 07		960		e of CEMETERY OR			1 .	TION (City, 10 Hall		aryl	(Stole	•)
2	n 66	ells Fu	ers signatu une ra l	1.00	ellis , C	With heste	ertown, 1	1d.		DEC 1 9	<sup>2</sup> 60 246. I	Culling			

	EXAMINER'S CERTIFICATE OF DEATH	
	The state of the s	BONE OF BUILDING
, e ,		
		TO THE REAL PROPERTY OF THE PARTY OF THE PAR
	Element telling the	
	Contract to the second	
	EL SE SE CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA	And the second s

CERTIFICATE OF DEATH

13550

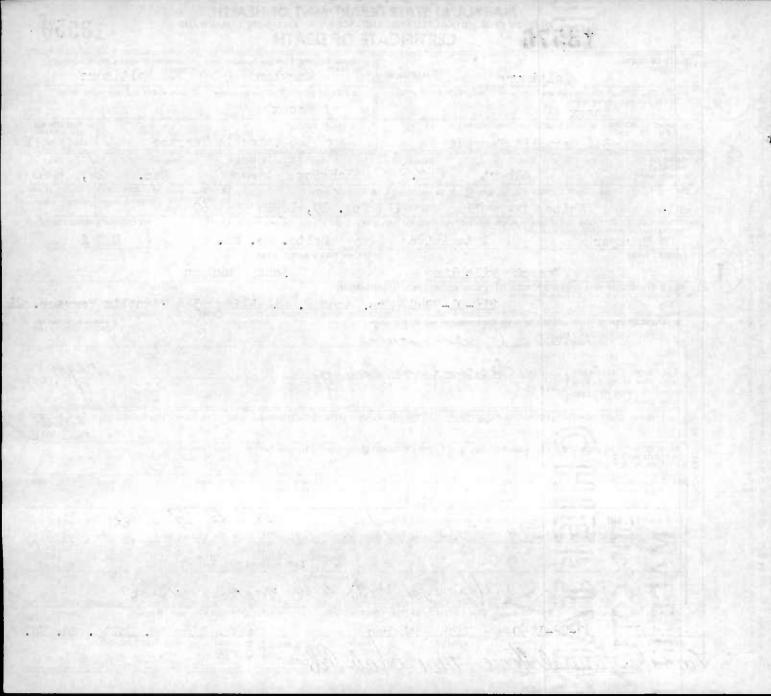
21

	15076		CERTIFICA	TE OF DEAT						
o. COUNTY	Baltimo	ore	MARYLAND	2. USUAL RESIDENCE o. STATE Mar	yland	b. COUNTY		nce befor		ion)
RURAL ond give ne	outside corporate limits, orest town)	write c. LENC	GTH OF STAY IN 16	c. CITY OR TOWN		rote limits, write R	URAL ond	give nec	rest town	1)
d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospitol, give 316 Magnolia		e	d. STREET ADDRES		a Terrac	e			FARM?
NAME OF DECEASED (Type or print)	First	lbert	Middle F •	Milchling	4. DATE OF DEATH	Mon	ec.	Do 2	1	Yeor 19 60
s. sex Male	6. COLOR OR RACE 7	MARRIED 🔯 N	DIVORCED	B. DATE OF BIRTH  Teb. 19, 1		9. AGE (In years lost birthdoy) 69 yrs.	Months Months	R 1 YEAR Doys	Hours	ER 24 HR
Oa. USUAL OCCUPATIOn during most of work Spray	ing life, even if retired)		BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (S Bal to	• Co • Mo		12. CI	TIZEN OF		COUNTRY
3. FATHER'S NAME	Joseph	h Milch	ling	14. MOTHER'S MAID		iknown				
S. WAS DECEASED EVER	R IN U. S. ARMED FORCE (If yes, give wor or dates of servi	ice)		rs. Anna M.	Milchlir	Add ng 316 N		lia	Terr	ace.
gove rise to it couse (o), stoting lying couse lost.  PART II. OTH	the under DUE TO	TIONS <u>CONTRIB</u>	UTING TO DEATH BU	T NOT RELATED TO THE T	ERMINAL DISEASI	E CONDITION GIV	VEN IN PA	RT 1(o) 1	PERFC	AUTOPSY DRMED?
(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)			ED. (Enter noture of injur						
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Year 19	20d. INJURY O While No of work ot	CCURRED 20e. F	LACE OF INJURY (Home, octory, street, office bldg.	form, 20f. (City , etc.)	or town)		(County)		(Stote
	(1) (this haspital) led alive an 5/	. 7	A	death accurred at_						
22o. SIGNATURE				M.D. PHYS.	MED.	STAFF PHYS.			22	SIGNE
22c. PHYSICIAN'S NAME (Type)	Starreios	molfo	V Jay &	late 434	Baels	in file	ud			
23a. BURIAL, CREMATIO REMOVAL (Specify) Burial	12-28-196	O Zj	AME OF CEMETERY	an	Gold	rion (City, town, en Ring I	Rd. P	alto		
24 SUNERAL DIRECTOR	S SIGNATURE	Inio Al	THOURS	Pari Palate	REC'D BY REGIST	00	lithung			

ofter death. Page 4 TO HOSPITAL ATENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be ret. by the hospital ar otherding physician.

TO FUNERAL DARECTOR: After this certificate has been signed by the otherding physician and campletely filled in Dayne funeral director, page 3 shauld be detached for use as the buriol-transit permit. Then please remaye corban pages 1 and 2 shauld be filled with the State Board of Health prior to buriol, cremotian, or removal, and in any event, within 72 hours after death.

VR A1S (4) 1SM 9/S9



Reg. Dist. No.

1.	PLACE OF DEATH o. COUNTY	al timore		MARY	/LAND	2. USUAL RE a. STATE		land	lived. If instituti b. COUNTY		nce befo	re admis	ma
	b. CITY OR TOWN (If RURAL and give ne	outside corporate limi	ts, write	c. LENGTH OF STAY			. 7		ote limits, write R	URAL and	give nec	rest town	1)
				lyr4mth100	ays		-	ring Ma	rylam		5	/~	
L	SPRING GE	AL (If not in hospital, g COVE STATE		SPITAL			ADDRESS Arling	ton Vi	llage				FARM?
3.	NAME OF DECEASED (Type or print)	Charl	-	Middle F1 1	zabe		ost 11er	4. DATE OF DEATH	Mar		Da		Year 60
-	SEX .									embe		16	
3.	female	white	WIDOWE	DIVORCE		Aug.	18 <b>,</b> 19	a distance of the	9. AGE (In years last birthday)	Months Months	Days	Hours	Min.
10	a. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS C	OR INDU				untry)	12. CIT	IZEN O	F WHAT	COUNTRY?
	nou sewi i	ng life, even if retired E					Marv	land		II.	s.	Δ	
13	FATHER'S NAME					14. MOTHE	'S MAIDEN			-		23. 0	
	Vanie	ls						Mary E					
	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	), 17, 1	NFORMANT		TELLY -	Add	ress			
(Y	unknown	If yes, give war or dates of s		ınknown	Re	cords:	SPRING	GROVE		HOSI	I TA	L	
ATION	Conditions, if on gove rise to in couse (o), stoling t lying couse lost.	mediote (	A <sub>1</sub>	ocardial in	nfar roti	e coron				/EN IN PAR	ONS	PERFC	AUTOPSY PRMED?
AL CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	MEDICAL EXAMINER)		CRIBE HOW INJURY O								AE2 [X]	но 🗌
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yea	While at work	Not while at work	20e. PL	ACE OF INJURY clory, street, off	(Home, form ice bldg., etc	20f. (City	ar town)	(0	County)		(State)
1		12/19/	196 Vac chsle	usler	death	M.D. SP.	15:45a RING ( ons vi	_M, from ADDRESS (Ste G ROVE  11e 28	STATE  Maryla  ION (City, town,	and an the state) HOSPI and ar county)	TAL	12.	ed above. ATE SIGNED -16-60
1	Millist	well don	1 Va	China 1	no	1	DATE	D BY REGISTI	24g/ REGI	STRAR'S SIC		in the second	

2 should be filed with ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death: Page 4

moy be retained by the hospital or attending physician.

TO FUNERAL BARETOR: After this certificate has been signed by the attending physician and completely filled in page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL VS A15 (4) 15M 10/57

	ATE OF DEATHER		WALES T	
4 500				
			per tell se massel A	
		March Services and Services		
	u di mala			

# TO HOSPY OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pay 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely wind in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4)

15M 9/60

1. PLACE OF DEATH

MARYL	AND STATE DEPARTME	NT OF HEALTH	
DIVISION OF STATISTICAL RESPAR	CH AND RECORDS, 301 W. P CERTIFICATE OF DI	RESTON STREET, BALTIMORE 1, EATH	MARYLAND 13552

| 2. USUAL RESIDENCE (Where daceased lived, If institution: Residence before admission)

BALTIMORE MARYLAND	a. STATE MARYLAND b. COUNTY	BALTIMORE
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerast town)	c. CITY OR TOWN (If outside corporate limits, write RUR.	AL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	a. IS RESIDENCE
0 0 1/11 /1	2.2 2	RD YES NO X
3. NAME OF First Middle DECEASED	Lesi 4. DATE Month	Day Yeer
	TCHELL, SE DEATH 12	25 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH  9. AGE (In years IF Utilises, birthdey)  Mon	NDER 1 YEAR   IF UNDER 24 HRS.
WIDOWED DIVORCED	AUG. 28, 1899 6 yrs.	Military Mana
10a. USUAL OCCUPATION (Giva kind of work done during most of working life, even if ratired)	11. BIRTHPLACE (County & State, or foreign country)	2. CITIZEN OF WHAT COUNTRY?
CIVIL ENGINEER B&O RR. RETIRED	BALTIMORE MARYLAND	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
ALEXANDER MITCHELL SR.	MARY ELIZABETH VECHI	0
75. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (Yas, no, or unknown) (Ifyesgivewerordetesofservice)	WFORMANT 3130 Berhshire Ros	ad
	s Mae Roth Mitchell	
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) CEREBRAL	1 heom bosis	2 days
DUE TO		
Conditions, if any, which \ (b) CEREBEAL	ARTERIOS CLEROSI	5 2/2 YRS
geve rise to immediate cause (e), stating the underlying DUE TO	/ -	21
cause lest. (c) PARKIN 50N	S DISEASE	d/2 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT		YES NO N
	(Enter neture of injury in Pert I or Pert II of item 18.)	
20c. TIME OF INJURY Month, Dey, Yeer   20d. INJURY OCCURRED   20e. PLAC	CE OF INJURY (Homa, ferm, 20f. (City or town)	(County) (Steta)
at week [7]	ry, street, office bldg., etc.)	
21. I certify that W (this hospital) attended the deceased from	April 16 1059 in DEC 25	1060 shar (K (wa) law
saw the deceased alive on DEC 25, 19 60, and that	doubt assured at 4 AM from the source and	, 17.5.3, mai (1) (we) las
22a. SIGNATURE	dearn occured at.2	22b. DATE
Lewis P. Gurdry M.D		12-25-68 SIGNED
22c. PHYSICIAN'S NAME (Type) LEWIS P. GUNDRY	22d. ADDRESS	***
238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF BURIAL 12/28/60 LOUDON PARIS	1/	
24 FUNERAL DIRECTOR'S SIGNATURE HENRY SANDER & SONS INC. BALTO. MD	25e. REC'D BY REGISTRAR 25b. REGISTR. DATE DEC 2 8 '60 Cont	ar's signature
	,	- A. IMANA

SUCCESS OF THE PROPERTY OF THE

The Collage Tong The Talk

CHAPTER STORITH CHIEFE DECIME SERVICE

Daniel Stranger of Stranger Stranger Stranger Stranger

CONTRACT THOUSENING THE SEASON DESCRIPTION OF THE PROPERTY OF

HUNDRICK STREET, STREE

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13578

#### CERTIFICATE OF DEATH

13553

Reg. Dist. No . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. COUNTY b. COURTY MARYLAND b. CITY-OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) RURAL and give negrest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO NAME OF 4. DATE Middle. Last Month Year OF DEATH (Type or print), 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS R. DATE OF BIRTH Months Days Haurs WIDOWED | DIVORCED | 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S. a Omlatie 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditions, if ony, which gove rise to immediate DUE TO cause (o), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO W 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Haur o. m Nat while of work at wark 19 60 that I last saw the deceased 21. I certify that I attended the deceased from \_\_\_\_\_ alive on 12-23-60 , and that death occurred at 120 54M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 220. BURIAL, CREMATION, 22C-NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (State) REMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE

0

directar, iled with

be filed

pinous

MARYLAND STATE DEVARIANCE OF HEALTH-BALTIMORE, IS TO AND THE THE THE PARTY OF THE Company of the compan The state of the s

THE PARTY OF THE P

# MARYLAND STATE DEPARTMENT OF HEALTH 13: PHYSION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

13554

-									
7	PLACE OF DEATH o. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (When on STATE Maryla	b. COUNTY	n: Residence before admission)			
7	RURAL and give n		ite c. LENGTH OF STAY IN 16		side corporote limits, write RL	JRAL and give nearest town)			
Pikesville, Md.  d. NAME OF HOSPITAL (If not in hospital, give street oddress)				d. STREET ADDRESS		e. IS RESIDENCE			
OR INSTITUTION Professional House				3306 Glen Ave	. 3VO	ON A FARM?			
3.	NAME OF DECEASED (Type or print)	DAVID	H. Middle	ORSTEIN	4. DATE Mont	Day Yeor			
S.	SEX	6. COLOR OR RACE 7. N	AARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HE			
•	lale		OWED DIVORCED	Oct 20, 1900	lost birthdoy) 60 yrs.	Manths Doys Haurs Min.			
0	la. USUAL OCCUPATION during mast of wor	ON (Give kind af wark dane king life, even if retired)	106. KIND OF BUSINESS OR INDU			12. CITIZEN OF WHAT COUNTR			
	Jev	veler	Retail	Baltimor	re, Md.	USA			
13	. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME				
)	Willia	m J. Morstein		Rebecca Ba	rshop				
		R IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. II	NFORMANT	Addr	ess			
	es. no. or onknown,	(in yes, give war or adies or service)	s St	anley Morstein	Same				
	18. CAUSE OF DEA	ATH   Enter anly ane cause p		) INTERVAL BETWEEN					
	The second secon	ATH WAS CAUSED 8Y:	Rheumatre	heat diagon		ONSET AND DEATH			
	1000	IMMEDIATE CAUSE (o)	1000000000	con uner	N .	10482			
	1 -1 /	DUE TO							
	1 11	DOE 10	world after	ross ousu	11				
	Canditions, if a	any, which ) (b)	work are	uses ouse	11				
	gave rise to i	iny, which (b)	assic aser	iors ouse	75				
		iny, which (b)	Worth when	us omsa	11				
CATION	gave rise to i cause (a), stating lying cause last.	mmediate the under- C(c)	ONS CONTRIBUTING TO DEATH BUT			PERFORMED?			
CERTIFICATION	gave rise to it cause (a), stating lying cause last.  PART II. OTI  20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	the under (b) (b) (c) (c) (c)		NOT RELATED TO THE TERMIN	al disease condition giv	PERFORMED?			
	gave rise to it cause (a), stating lying cause last.  PART II. OTI  20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)  RY Manth, Doy, Year 20	DESCRIBE HOW INJURY OCCURRED 20e. PL	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIV	PERFORMED?			
MEDICAL CERTIFICATION	gave rise to it cause (a), stating lying cause last.  PART II. OTI  20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY Haur o. m. p. m.	AS UNDERLYING COLUMN MEDICAL EXAMINER)  AS UNDERLYING COLUMN MEDICAL EXAMINER)  RY Manth, Doy, Year 20 W of	DESCRIBE HOW INJURY OCCURRED  Od. INJURY OCCURRED  Thile Not while work of work of work of work.	D. (Enter noture of injury in Pa ACE OF INJURY (Home, farm, clary, street, affice bldg., etc.)	AL DISEASE CONDITION GIV  ort I or Port II of item 18.)  20f. (City or town)	PERFORMED? YES NO ((County) (Sta			
	gave rise to it cause (a), stating lying cause last.  PART II. OTI  20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY  20c. TIME OF INJUFY Haur o. m. p. m.  21. I certify the saw the decea	AS UNDERLYING COLUMN MEDICAL EXAMINER)  AS UNDERLYING COLUMN MEDICAL EXAMINER)  RY Manth, Doy, Year 20 W of	DESCRIBE HOW INJURY OCCURRED  Od. INJURY OCCURRED  Thile Not while work of work of work of work.	D. (Enter noture of injury in Pa ACE OF INJURY (Home, farm, clary, street, affice bldg., etc.)	AL DISEASE CONDITION GIV  ort I or Port II of item 18.)  20f. (City or town)	(County) (Sta			
	gave rise to i cause (a), stating lying cause lost.  PART II. OTI  20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY Hour o.m. p. m.	AS UNDERLYING   COLUMN CAUSE OF DEATH MEDICAL EXAMINER   COLUMN CAUSE OF CAUSE OF COLUMN CAUSE OF CA	DESCRIBE HOW INJURY OCCURRED  Od. INJURY OCCURRED  hile Not while wark of wark the deceased fram  tended the deceased fram  100_19, and that of the deceased fram	D. (Enter noture of injury in Pa ACE OF INJURY (Home, farm, ctary, street, affice bldg., etc.)	al DISEASE CONDITION GIV  int I or Part II of item 18.)  20f. (City ar tawn)  A. ta 12/11  M, fram the causes an	(County) (Sta			
	gave rise to it cause (a), stating lying cause last.  PART II. OTI  20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY  20c. TIME OF INJUFY Haur o. m. p. m.  21. I certify the saw the decea	AS UNDERLYING   20b.  AS UNDERLYING   20b.  AS UNDERLYING   20b.  AS UNDERLYING   20b.  AS UNDERLYING   19	DESCRIBE HOW INJURY OCCURRED  Od. INJURY OCCURRED  hile Not while wark of wark the deceased fram  tended the deceased fram  100_19, and that of the deceased fram	D. (Enter noture of injury in Pa ACE OF INJURY (Home, farm, ctary, street, affice bldg., etc.)	AL DISEASE CONDITION GIV  int I or Port II of item 18.)  20f. (City or town)  A. ta 12/11  M, from the causes and	(County) (Sta			
MEDICAL	gave rise to it cause (a), stating lying cause last.  PART II. OTI  20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY  20c. TIME OF INJURY Haur o. m. p. m.  21. I certify the saw the decea  22a. SIGNAJURE  22c. PHYSICIAN'S NAME (Type)	AS UNDERLYING   20b.	DESCRIBE HOW INJURY OCCURRED thile Not while work of wark the deceased fram.	D. (Enter noture of injury in Pace OF INJURY (Home, farm, clary, street, affice bldg., etc.)  11	AL DISEASE CONDITION GIV  Int I or Part II of item 18.)  20f. (City ar tawn)  A. ta 17/11  M, fram the causes and  ECTOR   STAFF PHYS.	(County) (Sta, 1960, that (I) (we) lod an the date stated above 22b. DATE SIGN			
MEDICAL	gave rise to it cause (a), stating lying cause last.  PART II. OTI  20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY Haur o. m. p. m.  21. I certify the saw the decea 22a. SIGNATORE	AS UNDERLYING   20b.	DESCRIBE HOW INJURY OCCURRED  Od. INJURY OCCURRED  hile Not while wark of wark the deceased fram  tended the deceased fram  100_19, and that of the deceased fram	D. (Enter noture of injury in Pace OF INJURY (Home, farm, clary, street, affice bldg., etc.)  ATENDING M.D. ATTENDING PHYS.  22d. ADDRESS 22d. ADDRESS 22d. ADDRESS 22d. ACCREMATORY	AL DISEASE CONDITION GIV  Int I or Port II of item 18.)  20f. (City or town)  A. ta 12/11  M, from the causes and	(County) (State)  (County) (State)			

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs pifer death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filled with

VR A1S (4) 1SM 9/59

	THE REPORT OF THE PROPERTY OF							
10000		17 Y	13.					
		prositi						
			ell of Live or Live					
	1941 metti 2015	samul freeze						
	30 30 30 30		No.					
	.級 ,ehc states		-inJovet					
			Helicia I					
	Table tistench schaffer							
		remedia altribute						

in by the funeral s 1 and 2 should the death. in 24 hours after TO HOSPITA OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a death. Page Amay be retained by the hospital or attending physician.

Yes TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely find in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 13555

b. CITY OR TOWN If cutiled components limits, which are the contribution of the components limits, which are the contribution of the contribution	Baltimore	MARYLAND	a. STATE Mary	h COUNTY	timore V
wine RUBAL and give nearest lowe) PORT HOWART, MENTYLAND  d. NAME Of HOSPITAL OR INSTITUTION (in no in heappite), give meet address)  d. NAME Of HOSPITAL OR INSTITUTION (in no in heappite), give meet address)  Veterans Administration Hospital  2507 Oakley Ave.  2507 Oakley Ave.  2507 Oakley Ave.  DATE  Month  Date  Date  Date  MUMAW  DEATH  December  30 19 60  NAME OF BEATH  December  30 19 60  DEATH  December  30 19 60  MUMAW  DEATH  December  30 19 60  DEATH  DECEMBER  Mull White  WIDOWED  DIVORCED  May 28, 1896  G. CLORO OR RACE J. NAME OF BUSINESS OR INDUSTRY II.  BRITIPIACE (County & Siste, or foreign country)  TATHER'S MADE  PARTIL DEATH (Invested by the July S. AMME OR CASE J. Id., SOCIAL SECURITY NO.  TYPE  TARK II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I ID.  TO THE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I ID.  TO THE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I ID.  TO THE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I ID.  TO THE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I ID.  TO THE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I ID.  TO THE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I ID.  TO THE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I ID.  TO THE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TOTAL THE T	b. CITY OR TOWN (if outside corporete limits.				
Veterans Administration Hospital  2507 Oakley Ave.  Veterans Administration Hospital  2507 Oakley Ave.  Very Constitution of the provided by the provided of t	writa RURAL and give nearest town				Va 1-1
Veterans Administration Hospital   2507 Oakley Ave.   Yes   No IX   NAME OF DECEASED   IAWRENCE   E. MUMAW   A. DATE   Month   Day Year   Veterans   Name	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	pitel, give street eddress)	d. STREET ADDRESS		e. IS RESIDENCE
DECERSED DICTABLE DICTOR RACE 7, MARRIED NIVER MARRIED 18. DATE OF BIRTH    S. SEK   G. COLOR OR RACE   7, MARRIED NIVER MARRIED   8. DATE OF BIRTH   9. AGE (in year) IF UNDER 174R   FUNDER 24 HRS.    Male   White   WIDOWED   DIVORCED   MB2 28, 1896   9. AGE (in year) IF UNDER 174R   FUNDER 24 HRS.    Male   White   WIDOWED   DIVORCED   MB2 28, 1896   9. AGE (in year) IF UNDER 174R   FUNDER 24 HRS.    Male   White   WIDOWED   DIVORCED   DIVORCED   MB2 28, 1896   9. AGE (in year) IF UNDER 174R   FUNDER			2507 Oal		
May 28, 1896   Gt   Windows   Divorced   May 28, 1896   Gt   Windows   Devis   Main.	DECEASED			OF	
May 28, 1896   Gt   Windows   Divorced   May 28, 1896   Gt   Windows   Devis   Main.	5. SEX   6. COLOR OR RACE   7. MARRIE.	NEVER MARRIED 1 B.	DATE OF BIRTH	9. AGE (In yeers   II	FUNDER 1 YEAR   IF UNDER 24 HRS.
done during mail of working life, even if relired) Proprietor    Cafeteria   Baltimore, Md.   U.S.A.	Male White WIDOWE	D DIVORCED 1		715.	
Proprietor   Cafeteria   Baltimore, Md.   U.S.A.     13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   Ella Levils     15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Clinical Records?**   16. SOCIAL SECURITY NO.   17. INFORMANT Clinical Records?***   18. CAUSE OF DEATH [Enter only one course per line for (a), (b), end (c).     18. CAUSE OF DEATH [Enter only one course per line for (a), (b), end (c).     19. PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)   UREMIA   UREMIA   UREMIA     10. Conditions, if any, which give rise to immediate course   0.     19. ACCIDENT WAS UNDERLYING   (c)     19. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED   20b. PLACE OF INJURY (Home, farm, p.m. in 19 a) work   at work	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County	y & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Paul Mumaw  Ella Iewis  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT Clinical Recordered  215—09—9023 VAH Baltimore 18 Md-FORT HOWARD DIVISION  18. CRUSE OF DEATH (Enter only one ceuse per line for (a), (b), end (c).]  PART I. DEATH WAS CAUSED BY, UREMIA  DUE TO  Conditions, if any, which  prova rise to immediate ceuse (a), staining the underlying cuuse last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED.  YES NO  OCONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINE)  20e. ACCIDENT WAS UNDERLYING White life intered with the control of the contro		eteria	Baltimore,	Md.	U.S.A.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yetgive wetor delease ferrice) YES 215-09-9023 VAH Baltimore 18 Md-FORT HOWARD DIVISION  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c).]  PART I. DEATH WAS CUSED BY: IMMEDIATE CAUSE (a)  DUE TO Conditions, if any, which gove rise to immediate cause (a), stelling the underlying cause leat.  DUE TO Conditions, or any, which gove rise to immediate cause (a), stelling the underlying cause leat.  20e. ACCIDENT WAS UNDERLYING THE (ETHERA NOTE)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  20e. ACCIDENT WAS UNDERLYING THE TOTAL CONTRIBUTING TO A CONTRIBUTION OF PART I OF PART II OF ITEM II OF ITEM II.  20f. THE TOTAL CONTRIBUTION OF PART II OF ITEM III.  20f. CITY OF INJURY Month, Day, Year Work II work II of ITEM III.  20f. CITY OF INJURY Month, Day, Year Work II work II of ITEM III.  20f. CITY OF INJURY Month, Day, Year Work II work II of ITEM III.  20f. CITY OF INJURY Month, Day, Year Work II of ITEM III.  20f. THE TOTAL CONTRIBUTION OF THE TO	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
Yes	Paul Mumaw	Printer and the Toll	Ella Iewi	s	
Yes	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16	SOCIAL SECURITY NO   17 TI	NEORMANT Clini	cel Recordation	
PART I. DEATH WAS CAUSE BY, IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immedia couse (a), staining the underlying Cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS  CONTRIBUTING CAUSE OF DEATH  (If EITHER, NOTIFY MEDICAL EXAMINER)  P.m.  19  While Not While of work at w	(Yas, no, or unkown) (If yes give we ror detas of service)				RD DIVISION
DUE TO  Conditions, if any, which gave itse to immediate cause (a), stating the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS  (c)  PART II. OTHER SIGNIFICANT CONDITIONS  CONTRIBUTING CAUSE OF DEATH  (if ETHER, NOTHEY MEDICAL EXAMINER)  20c. TIME OF INJURY  Month, Day, Year  White  Not County)  Not Not White  Not County  Not Not White  Not County  Not Not White  Not White  Not White  Not White  Not White  Not White  Not County  Not Not White  Not Not Not Not White  Not Not Not White  Not Not N	18. CAUSE OF DEATH [Enter only one couse per l	ine for (a), (b), end (c).]			
DUE TO  Conditions, if any, which gover rise to immediate couse (a), stating the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO ACCIDENT WAS UNDERLYING Country of the country of the part of the part of the firm of		REMIA			
Conditions, if any, which gover rise to immediate cause (a), stating the underlying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED. YES NO PERF	MCIV				
DUE TO   Countributing the underlying cause lest.   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)   19. WAS AUTOPSY PERFORMED. YES NO YES NO YES NO PERFORMED. YES NO YES NO YES NO YES NO YES NO YES N					
(e), stating the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED. YES NO PERFOR					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED. YES NO PERFORMED.	DIJE TO				
Performed   Perf	cause lest. (c)				
20c. TIME OF INJURY Hour a.m. p.m.  19  20d. INJURY OCCURRED Hour a.m. p.m.  19  20d. INJURY OCCURRED Hour a.m. p.m.  20f. (City or town)  20f. (City or town)  (County)  (Stete)  (County)  (County)  (Stete)  (County)  (Stete)  (County)  (County)  (County)  (Stete)  (County)  (Stete)  (And In	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	AL DISEASE CONDITION GIVE	PERFORMED?
20c. TIME OF INJURY Hour a.m. p.m.  19  20d. INJURY OCCURRED Hour a.m. p.m.  19  20d. INJURY OCCURRED Hour a.m. p.m.  20f. (City or town)  20f. (City or town)  (County)  (Stete)  (County)  (County)  (Stete)  (County)  (Stete)  (County)  (County)  (County)  (Stete)  (County)  (Stete)  (And In	S ASSISTANT WAS UNITED WIND ST. LOOK DES	aning the transfer of a country	45		YES NO 421
21. I certify that (IX (this hospital) attended the deceased from Dec. 29 19.60 to Dec. 30 19.60, that (IX) (we) last saw the deceased alive on Dec. 30 19.60, and that death occured at A M, from the causes and on the date stated above 22s. SIGNATURE	206. ACCIDENT WAS UNDERLYING   206. DES OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURED.	(Enter netura of injury in Pa	arf I or Perf II of Item 18.)	
21. I certify that (IX (this hospital) attended the deceased from Dec. 29 19.60 to Dec. 30 19.60, that (IX) (we) last saw the deceased alive on Dec. 30 19.60, and that death occured at A M, from the causes and on the date stated above 22s. SIGNATURE	Hour a.m. While	Not While factor			(County) (State)
saw the deceased alive on Dec. 30	7		Doo 20	60 Dag 20	60 v
226. SIGNATURE  M.D.  ATTENDING PHYS.  DIRECTOR PHYS.  DIRECTOR PHYS.  12/30/86/86				75, 10	
226. SIGNATURE    ATTENDING   MED.   DIRECTOR   ATTENDING   PHYS.   12/30/60	saw the deceased alive on Dec. 30	1960 , and that	death occured at.A.	M, from the causes a	nd on the date stated above
22c. PHYSICIAN'S NAME (Type) FREDERICK S. DONALDSON, M.D.  22d. ADDRESS VAH Fort Howard, Md.  23a. Burial, Cremation, 23b. Date thereof Burial (Specify) Jan. 2, 1961 Baltimore National  24 FUNERAL DIRECTOR'S SIGNATURE  Burgee Funeral Home Baltimore, Maryland  25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  Baltimore, Maryland  25b. REGISTRAR'S SIGNATURE  Baltimore, Maryland  25c. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  Baltimore, Maryland  25c. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  Baltimore, Maryland  25d. ADDRESS  VAH FORT Howard, Md.  25d. LOCATION (City, lown or county) Baltimore  Maryland  25d. LOCATION (City, lown or county) Baltimore  Maryland  25d. REC'D BY REGISTRAR'S SIGNATURE  Baltimore, Maryland		0.0	ATTENDING M	ED STAFF	
NAME (Type) FREDERICK S. DONALDSON, M.D. VAH Fort Howard, Md.  236. BURIAL, CREMATION, 236. DATE THEREOF BURIAL (Specify) Jan. 2, 1961 Baltimore National Baltimore Maryland  24 FUNERAL DIRECTOR'S SIGNATURE BALTIMORE, Maryland DATE JAN 3 61 Cultum F & Control of County (Slote)  Burgee Funeral Home Baltimore, Maryland DATE JAN 3 61 Cultum F & Control of County (Slote)  A Cultum F & Cultum F & Control of County (Slote)  A Cultum F & Control of County (Slote)  Baltimore, Maryland DATE JAN 3 61 Cultum F & Control of County (Slote)	kredelik - top	allson M.	U	RECTOR LA PHYS.	15/30/00
REMOVAL (Saccify)  Jan. 2, 1961 Baltimore National  Baltimore Maryland  4 FUNERAL DIRECTOR'S SIGNATURE  Burgee Funeral Home  Baltimore, Maryland  Baltimore, Maryland  Date JAN 3 '61 Carlling F & Company Com		NALDSON, M.D.		Howard, Md.	
REMOVAL (Specify)  Jan. 2, 1961  Baltimore National  Baltimore Maryland  Funeral director's signature  Burgee Funeral Home  Baltimore, Maryland  Baltimore, Maryland  Date JAN 3 '61  Cuthum F & Continue F & Continu	23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION (City, town	or county) (State)
Burgee Funeral Home Baltimore, Maryland DATE JAN 3 '61 Outlan F &	DEMOVAL (Specify)				
	24 FUNERAL DIRECTOR'S SIGNATURE 36	31 ADDRESS Falls	Road   25a. REC'	D BY REGISTRAR 256. REGI	STRAR'S SIGNATURE
	Burgee Funeral Home Ba	altimore, Marvl	and DATE JE	IN 3 '61	71 - 8 %
			i and	The state of the s	A. Plants

To 1970 2		attent (Y			7
		emot your	100	action and the	kalenda annuel el
	manage 7				
	O	The sale			
8.5		all impulsive		out so	1200210000
١	Maria L	alvel -000 -051 -052 -00			

. All actions of the control of the

1,61 = 040. 2, 1,61 = 1,02 | masional

CEPTIFICATE OF DEATH

TO HOSPITAL

VR A15 (4) 1SM 9/59

13081	CERTIFICA	IL OI BLAIII		
D. PLACE OF DEATH O. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Whe	ere deceased lived. If institution: Resident b. COUNTY	ence before admission)
b. CITY OR TOWN (If outside corporate limits, w RURAL and give nearest lown)			utside corporate limits, write RURAL and	d give nearest town)
Fort Howard, Md.	70 Days	Baltimore	(14)	IS DESIDENCE
d. NAME OF HOSPITAL (If not in haspital, give s OR INSTITUTION		8. STREET ADDRESS	Dood	e. IS RESIDENCE ON A FARM? YES NO X
Veterans Administration	on Hospital	3134 Acton	1	LES [] NO [X
NAME OF First DECEASED (Type or print)	Middle R•	O BRTEN	4. DATE Month OF DEATH December	Day Yeor 13 1960
	MARRIED NEVER MARRIED	8. DATE OF BIRTH		ER 1 YEAR IF UNDER 24 HR
	DOWED DIVORCED	December 4,1	9. AGE (In years last birthday) 71 yrs.	Days Hours Min.
o. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote of	or foreign country) 12. C	TIZEN OF WHAT COUNTRY
during most of working life, even if retired) Proprietor	Tavern	Baltimore,	Maryland	U. S. A.
FATHER'S NAME		14. MOTHER'S MAIDEN N		
Thomas O'Brien		Mary Harring	ton	
WAS DECEASED EVER IN U. S. ARMED FORCES		NFORMANT Clinica	l Records Address	
Yes   WW I	215-32-9887 VA	AH, Baltimore 1	8, Maryland, Fort I	Howard Divis:
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if ony, which gave rise to immediate to the cause (a), stoting the under- lying couse lost.  (c)	BILATERAL BRONCH HYPERTROPHY AND VALVULAR INSUFFI CARDIAC DECOMPEN	DILATATION OF CLENCY SATION		4 DAYS UNKNOWN  1 YEAR
PART II. OTHER SIGNIFICANT CONDITION  200. ACCIDENT WAS UNDERLYING   20b	ONS CONTRIBUTING TO DEATH BUT			PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Yeor Hour a.m.	20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, ctary, street, affice bldg., etc.)	20f. (City or town)	(County) (Stot
21. I certify that (*) (this haspital) at saw the deceased alive an Dec.			M, fram the causes and an t	he date stated above
22a. SIGNATURE	Brobles		ED. STAFF RECTOR PHYS. 2	22b. DATE 12/14
22c. PHYSICIAN'S NAME (Type) FREDERICK S. DONALD	SON, M.D.	VAH, Baltimo	ore 18,Md. Fort Ho	ward Divisio
o. Burial, CREMATION, 23b. DATE HEREOF REMOVAL (Specify) Burial	23c. NAME OF CEMETERY OF Parkwood Ceme		23d. LOCATION (City, lown, or county Baltimore	Maryland
Teonard J. Ruck Fune	ADDRESS 5305 Harral Home, Baltimo	riora ka	D BY REGISTRAR 256. REGISTRAR'S 256. REG	S Kruse

0.00

Logication of the contract of

The state of the s

THE RESERVE OF THE PARTY OF THE

Hall the transfer of the first transfer of the branch

THE CONTRACT OF THE STATE OF TH 

TO HOSPITAL

VR A1S (4) 1SM 9/59

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY	Baltimore		MARY		USUAL RESIDENCE (WHO o. STATE Maryla		lived. If instituti b. COUNTY			mission)
RURAL and give n	D. C. a. 40 19	s, write	c. LENGTH OF STAY		c. CITY OR TOWN (If a			URAL ond giv	e nearest	lown)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, a	ve street o	l yr. 11	mos	d STREET ADDRESS	ysvill	е			RESIDENCE N A FARM?
	od State Tr	ainin	g School		/ Cedar	Knoll	Road	17914		100 D
3. NAME OF DECEASED (Type or print)	Fin Mar		Middle Virgin		lost Offutt	4. DATE OF DEATH	Mon		Doy 12	Year 19 60
s. sex			IED NEVER MARRIE	B. D	ATE OF BIRTH 11/29/58		9. AGE (In years lost birthday) 2 yrs.	IF UNDER 1	YEAR IF U	NDER 24 HR
10a. USUAL OCCUPATION	ON (Give kind of work d	ane 10b.		R INDUSTRY		ar foreign co		12.CITIZE	N OF WH	AT COUNTRY
none	king life, even if retired)		none		Maryla	nd			U.S.	Α.
13. FATHER'S NAME				1	4. MOTHER'S MAIDEN					
James Fr	ederick Off	utt.	Jr.		Virginia :	France	s DiMagg	io		
15. WAS DECEASED EVE	ER IN U. S. ARMED FORG	ES? 16.		. 17. INFOI			Add			
no	no	vice,	none		Rosewood	Recor	ds			
Conditions, if a gave rise to i couse (a), stoting lying cause lost.  PART II. OT	the under-		ONTRIBUTING TO DE	ATH BUT NO	T RELATED TO THE TERM	INAL DISEASE	E CONDITION GIV	VEN IN PART 1	PE	RFORMED?
OR CONTRIBUTING	AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O		inter noture of injury in		100		YES	₩ NO [
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Yea	r 20d. IN While of work	NJURY OCCURRED Not while of work		OF INJURY (Hame, farm , street, office bldg., etc		or town)	(Co	unty)	(Stot
21. I certify the	at (I) (this hospital	attend			th accurred at 19		the causes ar			
220. SIGNATURE	LWRIE	1-2	& Palla	la grisol		ED.	STAFF PHYS.	318	R-	22b. DATE SIGNS
22c. PHYSICIAN'S NAME (Type)	Pet W.	Rie	eckert	-	22d. ADDRESS 430 7 /	Mai.	- f.Da	0 Ou	e, (	5. Rd
REMOVAL (Specify	12-15-6	_	23c. NAME OF CEMI	ETERY OR E	emelou	los	ION (City, town, Reys	ille	2	(Stote)
24. FUNERAL DIRECTOR	SIGNATURE	.00	ADDRESS	/	DATE S	D BY REGIST		STRAR'S SIGN		

Setwine hydrocylalis While was sellerid x Pet is Rieckert 4367 Man-field are Bolton

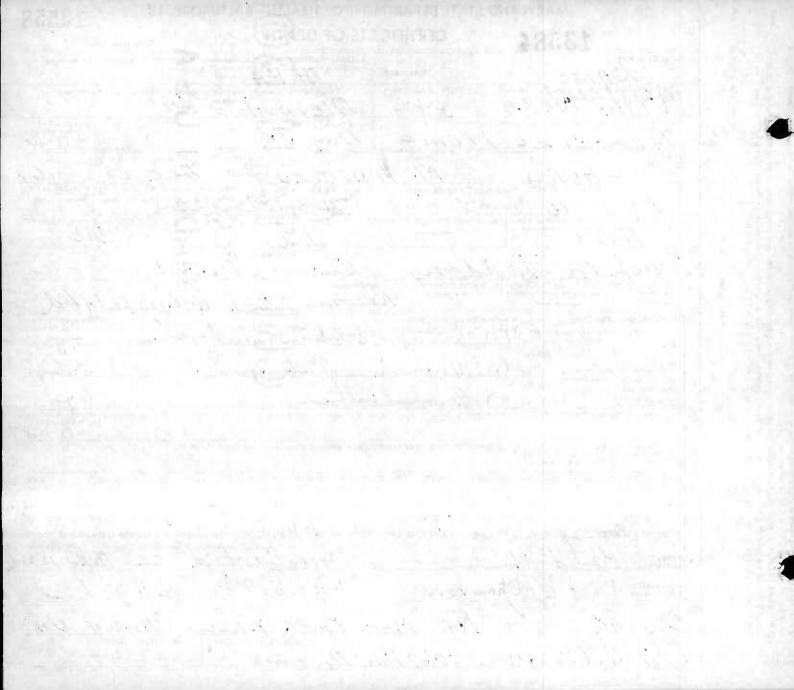
VR A15 (4) 15M 9/59

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

1 OFFM

		13583	}	CERTIFICA	TE OF DEATH	1			13	00%	1
1.	PLACE OF DEATH a. COUNTY	ltimore		MARYLAND	2. USUAL RESIDENCE (W o. STATE Maryland	/here deceased	6 COUNTY	en: Resider			
	RURAL and give ne Owings	Mills,		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF Hyattsvill						
	OR INSTITUTION	AL (If not in hospital, g			d. STREET ADDRESS 6616 22nd	Place				ON A	FARM?
3.	NAME OF DECEASED (Type or print)	Fir Fran	st	Middle Mary	O'NEILL	4. DATE OF DEATH	Mon 12		Doy 2(		Year 19 60
S.	female	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED  DIVORCED DIVORCED	8. DATE OF BIRTH 5/5/52		9. AGE (In years last birthday) yrs.	Manths Manths	1 YEAR Days	Haurs	ER 24 HRS Min.
	during mast at wark	N (Give kind of work or ing life, even if retired	dane 10b.	KIND OF BUSINESS OR INDU	Washing	ton, D.		12. CIT	US		OUNTRY
		ncent O'Nei			Roberts,						
15. {Y	MAS DECEASED EVER	R IN U. S. ARMED FOR If yes, give wor or dates of s — —	CES? 16.	SOCIAL SECURITY NO. 17.1	NFORMANT Rosewood rec	ords	Owings		Ls, 1	۷d.	
ICATION	Canditions, if ar gave rise to ir cause (a), stating t lying cause last.	the <u>under-</u> DUE TO	)	Rilate al	T NOT RELATED TO THE TERM	MINAL DISEASE	E CONDITION GIV	EN IN PAR	PT 1(a) 15	9. WAS PERFO YES	AUTOPSY DEMED?
DICAL CERTIF	(IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)  Month, Day, Yee	SE	CRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in LACE OF INJURY (Hame, far ictory, street, affice bldg., et	m, 20f. (City		(	County)		(State
MEDI	p. m.	7.1	at war	ded the deceased fram.	death accurred at 3: 1. ATTENDING A PHYS. 22d. ADDRESS 430 7	554, ta 57, p. m Olirector	12/20/ the causes an  STAFF PHYS.   ~ L D D		e date	stated	(we) las d abave b. DATE SIGNED
23	BURIAL, CREMATION	DE 6.7476	1960	23c. NAME OF CEMETERY OF	HEAVEN		TION City, tawn, o	M	Wie	R (Stat	le) Ma
24.	FUNERAL DIRECTOR'S	SIGNATURALI	经	254 GARDI	SIT DIC 250. REC	DECY 2º 3º57	PAR 25b. REGI	STRAR'S SI	GNATUR 1. Total	E u4	

the later of the land like Pet 4 Ricchord Marchall Con Sales



#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed fived, If institution, Residence before edmission) e. COUNTY e. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete limits. c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 þ write RURAL end give neerest town) .5 owson owson d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) Mountain Ave. Mountain A NAME OF Middle DECEASED OF (Type or print) DEATH 8. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR 6. COLOR OR 7. MARRIED NEVER MARRIED lest birthdey) Months emale WIDOWED DIVORCED 21/yrs. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) nousewite 13. FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (Ifyes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) geve rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)| 19. WAS AUTOPSY 800 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) fectory, street, office bldg., etc.) While Not While et work et work 21. I certify that (I) (this hospital) attended the deceased from....... saw the deceased alive on. 22e. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, be filed 23e. BURIAL, CREMATION, 23b. 23c. NAME OF CEMETERY OR CREMATORY REMOYAL (Specify) TO 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4)

15M 9/60

e. IS RESIDENCE

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED

NO T

(Stete)

22b. DATE

SIGNED

12. CITIZEN OF WHAT COUNTRY?

Devs

samo

(County)

IF UNDER 24 HRS.

ON A FARM? YES NO M

166654		with the
1930 N. S.	Award - P	i Ludrich
	ror vol	nomo;
	1776 lipuntaèn ng E.	The Mountain Rus. In the
	State	, can
	441-4-4	dade desire
		houseast, a
	Associate III Insulan	
O WALL	Audius Pepie	
	n said to the harry A. P. Care Target in	SAN THE RESERVE OF THE PARTY OF
Viet E	and a large of the same of	
	-2-52 -54	
about Y	and the same of the	STONE STONE
July Ship	about them. If me to be supported	12-10-50 Val
THE STATE OF THE S	100 pHd	

Rea. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTA corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Day Year 19 oc em IF UNDER 1 YEAR OF UNDER 24 HRS AGE (In years last bushday) Months Dovs Hours 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO M (County) (Stote) 196 that I last saw the deceased and that death accurred at 2.20 P.M. from the causes and an the date stated above. DATE SIGNED ADDRESS (Street, city or town, stote) (Stote) REMOVAL (Spefify) 246. REGISTRAR'S SIGNAPURE

24a. REC'D BY REGISTRAR DATE DEC

page 0 VS A15 (4) 15M 9/S8

UNERAL DIRECTOR'S

40751	ryoto vertali-limpur-oro	THO STATE DEPARE ON	W. San Karaka	
			• 2	
3.6.4.0	And Anterior		arthur Li	
		The State of the second	Van Aliky	
	gen Thursday			
3 9				
MATTER SALE		Viger at laber of		
Marie III				
	Target Land			
1 19838	1000			
		THE REAL PROPERTY.		
		The Ling and Sange		
	The latest the second	7 (36/18/24)		
	the second second second			-

19500

VR A1S (4) 1SM 9/59

10001	
1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 517 Eastern ave. (21)	d. STREET ADDRESS  15/7 Castern (Que. (Q1)  6. IS RESIDENCE ON A FARM? YES   NO
NAME OF DECEASED (Type or print) MARY First PERSIA	Lost 4. DATE Month Day Year OF DEATH DEC, 13 1966
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH  9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday)  Months Doys Hours Min.
DO. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  HOUSEWIFE	1TALY 71.8 a.
JOSEPH DE ANGELIS	14. MOTHER'S MAIDEN NAME  MARY ANN
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)  [If yes, give wor or dates of service]	ANN BETKEY (SAME AS ABOVE)
Conditions, if ony, which gove rise to immediate couse (a), stoting the underly lying couse lost.	tu Cardio-Vassulardisease 2 yr
10	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES \[ \] NO \[
	ED. (Enter nature of injury in Part I or Part II of item 1B.)
	CACE OF INJURY (Home, form, 20f. (City or town) (County) (State octory, street, office bldg., etc.)
21. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an Alle 13 1960, and that	death occurred at T.P.M. from the causes and an the date stated above
IMBumayudner	M.D. ATTENDING MED. STAFF 12/16/6
22c. PHYSICIAN'S NAME (Type)	19alto 6 md
DUKINZ III	LAWN BALTO, CO. MD.
John & Connelly 418 Eastern Bl	led. (21) DATE DEG 1 9 '60 Carlon S. Kraus

\* = 4 . A There was the second of the second of the second The level of the Color of which a truly to the dealers and

TO HOSPITA

VS A1S (4) 1SM 10/S7

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13588

#### **CERTIFICATE OF DEATH**

Reg. Dist. No.

	o. COUNTY Ba	ltimore	MARYLAND	O STATE	Maryland	b. COUNTY		
	b. CITY OR TOWN (I RURAL ond give no Caton svi		c. LENGTH OF STAY IN 16 5mth20dys	1/	TOWN (If outside co ltimore Co		RURAL ond give	nearest town)
+	OR INSTITUTION	TAL (If not in hospital, give street  GROVE STATE F	oddress) IOSPITAL	d. STREET /	Rittenhou	se <sup>A</sup> venue		e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	Catherine		Pile:	rt. OF			Day Yeor 1960
	5. SEX	6. COLOR OR RACE 7. MARI		B. DATE OF BIRT	H18, 7050	9. AGE (In years lost birthdoy)	Months Do	EAR IF UNDER 24 HRS.
1	female	White WIDOW ON (Give kind of work done 10b.		Unkn			19   8	N OF WHAT COUNTRY?
	during most of world	king life, even if refired}	KIND OF BUSINESS OK INDE	JSIKI II: BIKIFIF	Mary land	n country)		S. A.
Y	3. FATHER'S NAME			14. MOTHER'S	MAIDEN NAME			
2	41 41 41	AT D. MIT	Powers		Unknown			
1	5. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FORCES? 16.	2.5	INFORMANT		Add	dress	
1	nienzown no	ATH [Enter only one couse per li		Records:	SPRING C	GROVE STA	TE HOS	PITAL
	200. ACCIDENT WA	mmediate the under- DUE TO DE	Arteriosclero  Jricular Fibri  compensated he  contributing to death Bu  CRIBE HOW INJURY OCCURRI	llation eart fai	lure O THE TERMINAL DISE	ASE CONDITION GI	VEN IN PART 1(c	19. WAS AUTOPSY PERFORMED? YES NO
	20c. TIME OF INJUR Hour o. m. p. m.	While	NJURY OCCURRED 20e. Pl Not while k ot work	ACE OF INJURY ( octory, street, office	(Home, form, 20f. (Ce bldg., etc.)	City or town)	(Cour	nty) (Stote)
2	actual signature PHYSICIAN'S NAME (Type)	Bruno Radauska.  Data Date Thereof	aurhar	M.D. SP	8:15a m, fr ADDRESS RING GROV tonsville	am the causes of (Street, city or town, E STATE	and an the stote) HOSPIT	
1	REMOVAL (Specify)  3. FUNERAL DIRECTOR	12-14-60	ADDRESS	Park	240. REC'D BY REG	ettimo-		(Stote)
	Fred. a.	Cole 1913 1	W. Baltimor	e St.		C DITTO TO STATE OF THE PARTY	Clun S. The	

DE BROMESAN STATE DEPARTMENT OF HEALTH MORE, 18						
0 512	HVA30 10 37	ADMITTAL	2 1	2 ·		
	All come way	STOWAGE	0.7			
		50,57	4.3			
	Section Pr	1775				
			3000			
		Nangua prome	est ung			
				430000		
				Committee of the commit		
					CERTIFICACIONES	
	LESS OF LOCAL TOP					
				in the		
		Aurily.		THE RESERVE THE		

PLACE OF DEATH     O. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
_	Baltimore	MARYLAND	Maryland Anne Arumel
RURAL ond give ne			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Fort Howa	rd, Maryland	d 75 days	rasadena
d. NAME OF HOSPIT	AL (If not in hospitat, give	street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
Veterans	Administrati	on Hospital	Rt. 3. Box 101 YES NO X
3. NAME OF DECEASED	First	Middle	Last 4. DATE Month Day Year
(Type or print)	LEROY	Α.	PLUMHOFF December 3, 1960
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In yeors   FUNDER 1 YEAR   IF UNDER 2X MRS.   lost birthday)   Months   Days   Hours   Min.
Male	White w	IDOWED DIVORCED	Dec. 2, 1925 35 yrs. Mollins bays hours min.
10o. USUAL OCCUPATION during most of work	N (Give kind af work dan- ing life, even if retired)	ne 10b. KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Shop Forem	an	Tire Recapping	Baltimore, Maryland U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME
Henry Pl	umhoff		Louise Didman
15. WAS DECEASED EVEL	R IN U. S. ARMED FORCES		INFORMANT Clinical Records Address
Yes	WW_1.1	212-20-3896 V	AH, Baltimore, MdFORT HOWARD DIVISION
	TH [Enter only one cause	per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY:	MODACHARTO CAD	CTNOMA-PRIMARY SITE UNDETERMINED ONSET AND DEATH
197 -	IMMEDIATE CAUSE (o)	METASTATIC CAR	CINOMA-PRIMARY SITE UNDETERMINED 18 months
11/10	DUE TO		
Conditions, if or			
gove rise to it	DI DI LE TO		
lying cause lost.	(c)_		
Z PART II. OTH		TIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
OTT			PERFORMED? YES □ NO 🔂
D ACCIDENT WA	C IN IDERIUM IN IT	A DESCRIPE HOW IN HURY OSCUPE	
PART II. OTH	CAUSE OF DEATH MEDICAL EXAMINER)	B. DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in Part I or Part II af item 1B.)
Z 20c. TIME OF INJUR	Y Manth, Doy, Year	20d. INJURY OCCURRED 20e. F	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJUR Haur a. m. p. m.		While Not while of work at work	octory, street, office bldg., etc.)
21. I certify tha	t (this hospital) o	attended the deceased from	Sept 19 , 1960, to Dec. 3 19.60, that (X (we) lost
	sed alive on Dec.	and the second s	deoth occurred atM, from the couses and on the date stated above.
220. SIGNATURE	7 /		22b.DATE
	11.12	Inches mil	M.D. PHYS. DIRECTOR PHYS. 12 Dec. 3 196
22c. PHYSICIAN'S	como.	moon ine.	M.D. PHYS. DIRECTOR PHYS. X Dec. 3, 196
NAME (Type)	TOTAL TO MATE	a Timen and Ta	
	JOHN D. TALE		VAH, Baltimore, 18, Md. Ft Howard Div.
23a. BURIAL, CREMATIO REMOVAL (Specify)	1.1.	23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)
Burial	12/7/60		ational Cemetery Baltimore, Maryland
24 FUNERAL DIRECTOR'	S SIGNATURE	2112 Dundalk A	ve. 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  DEC 6 '60 Cullum S. Thomas
ULIRICH FUN	ERAL HOMES	Baltimore 22.	

			**	
Çeri mikurdak	and the same			
		ALL STATES	No. learner and the state	
	<b>建</b> 原金 地名	Indianal d		
	ar in a			
	and an interest to	enteglook light		
			The street	
		al de gerseus	L'-4,	
The transfer of divined the	har ogni a tradició			
1.6				
Walter T. Co.	September 1			
	Lindone's Pin			
The second of th		120 - 100		

TO HOSPITAL

VS A15 (4) 15M 9/5B

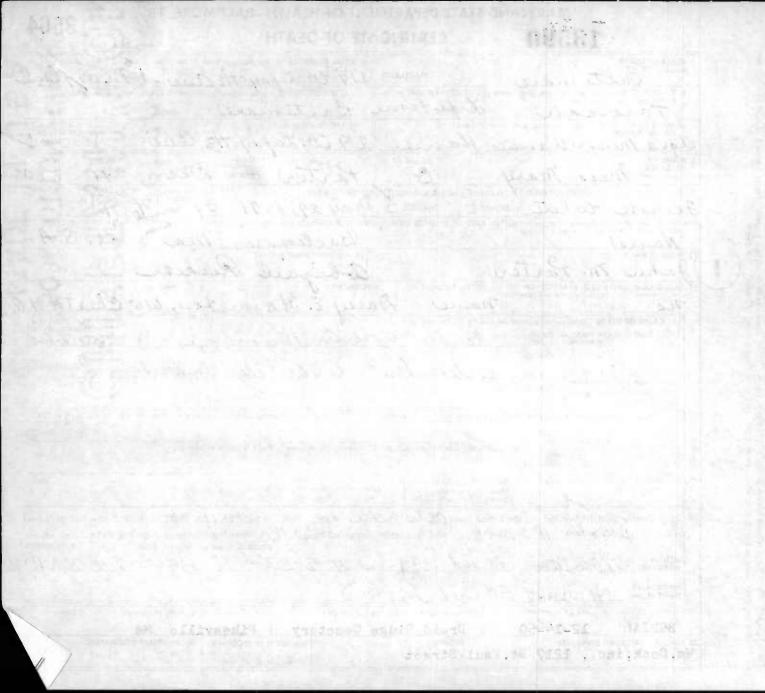
	33
M	1. PLACE C
e o	b. CITY RURA
90	d. NAM OR IN
	2 314 345 4

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13590

**CERTIFICATE OF DEATH** 

13564 Rea. Dist. No

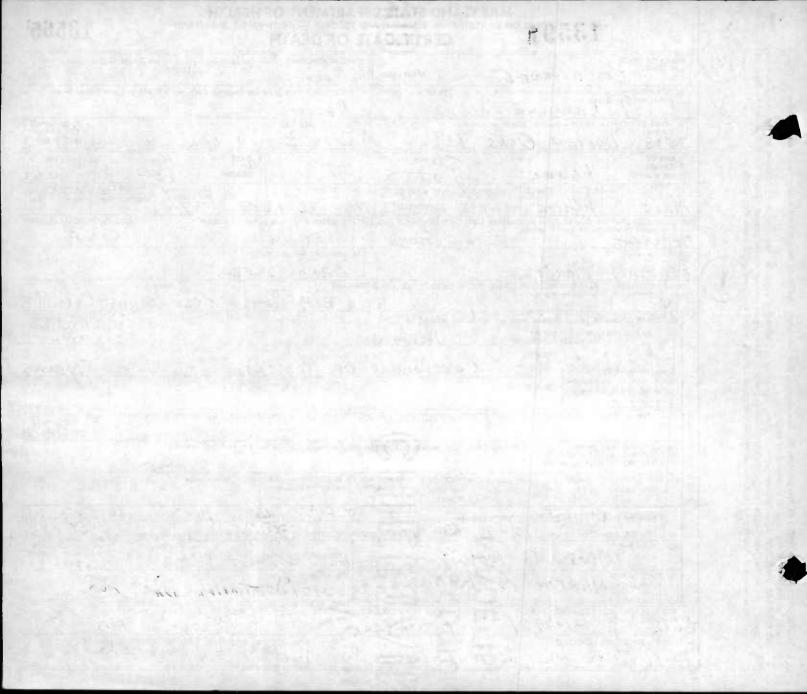
	Rug. 5131, 140,
1. PLACE OF DEATH O. COUNTY Baltimare) MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Lig EU. Lafaejette due - ( Mary Rand
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Townsel	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  Baltiniare  O 1 - 6
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Aged Mens & Warnens Herrie	d. STREET ADDRESS 219 Co. Lafay Ette aud.   e. IS RESIDENCE ON A FARM? YES NO D
3. NAME OF DECEASED (Type or print) Mess Mary &	Parter 4. DATE Month Day Yeor DEATH DEC. 11 1960
Female Whete WIDOWED   DIVORCED   /	DATE OF BIRTH  Ray 29, 1871  9. AGE (In years lift UNDER? YEAR IF UNDER 24 HRS.  Months Days Hours Min.
during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?  Baltimare, Ma L. S. A.
) Jahn M. Parter	a-begael Rishell
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (1'es, no, or unknown)  (If yes, give wor or dales of service)  The Manual M	erig E. Hameton. 615 Chestrux
BART I DEATH WAS CAUSED BY	e Eeretra Visculansaisen ?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO H
Hour o. m.  19 While Not while of work	E OF INJURY (Home, form, 20f. (City or town) (County) (Stote) ry, street, office bldg., etc.)
ACTUAL MAR. Prop Physid Day	ccurred at 33 9 P.M. from the causes and on the dote stoted obove.  ADDRESS (Street, city or town, stote)  DATE SIGNED  D. H - 2 - 33 I St Balts 18 Mul Dully
PHYSICIAN'S NEWLANG Edward DAYON	ıD
REMOVAL (Specify)	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm.Cook,inc., 1217 St.Paul Street	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATEDEC 1 3 '60 Combus S. Frank
	B. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  d. NAME OF HOSPITAL (If not in hospital, give street oddress)  OR INSTITUTION  3. NAME OF DECEASED  (Type or print)  (Type or



VR A1S

1SM 9/9

filed will		1. PLACE OF DEATH a. COUNTY  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY  ARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY
) p	1	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  RURAL and Give nearest town)  RURAL ond Give nearest town)
d 2 should		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 3528 BARTON OAKS TO 3528 BARTON OAKS TO YES NO DE
Poges 1 and death.	B	3. NAME OF DECEASED (Type or print) / Saac / OTTS  4. DATE Month Day Year OF DEATH /2 - 30 - 19 6
ers. Poges after death	ä	S. SEX  6. COLOR OR RACE  NOVICED  NOVI
hours		10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BURTHPLACE (State or foreign country)  MERCHANE  12. CITIZEN OF WHAT COUNTRY  V. S. A.
it in T	1	13. FATHER'S NAME  EPHRIAM MORCIECIA  BATH Sheba
eventa	1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  VO. 17. INFORMANT  JULIA B. F. POTTS - 3528 BARTEN ORKS TO
Then pleas ond in any		18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO
removol, o		Conditions, if ony, which gave rise to immediate couse (a), staling the under-lying cause lost.  (b) CARCINOMA OF PROSTATE  SYEARS  (c)
crematian, ar	1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO [
4 _ '		20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
r use as t ta buria		Zoc. TIME OF INJURY Month, Day, Year Hour a. m.  p. m.  19  20d. INJURY OCCURRED While Not while of work at wark at wa
ched fa		21 I certify that (1) (this haspital) attended the deceased fram. 5 - 10 19 60, to 12 - 30 1966, tha (1) (we) la saw the deceased alive an 12 - 30 1960, and that death accurred at 22 M, from the causes and an the date stated above
be detached of Health	1	220. SIGNATURE Martin a Robbins M.D. ATTENDING MED. STAFF PHYS. DIRECTOR DIRECTOR PHYS. 0  22b. DATE SIGNE 12-31-6
poge 3 shauld be the State Board af		22c. PHYSICIAN'S NAME (Type) MARTIN A. ROBBINS 2109 Southcliff DR &
poge 3 the Stat		236. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)  BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY  BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY  BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY  BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY  BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY  BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY  BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY  BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY  BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY  BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY  BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY  BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY  BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY  BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY  BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY  BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY  BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY  BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY  BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY  BURIAL, CREMATOR 25c. DATE OR CREMATORY  BURIAL, CR
(4) 9	No.	Jack Leurs Ine - 2100 Eulaw Ol. DATE 256. REGISTRAR 256. REGISTRAR'S SIGNATURE DATE



#### CERTIFICATE OF DEATH

13566

	10000		CERTII	ICAIL	. OI DEAII			Reg. Dis	st. No.	
o. COUNTY	Baltimore		MARYLA	AND 2. I	STATE Maryla	nere deceased nd	l lived. If institution b. COUNTY	_	ce before od .timor	
b. CITY OR TOWN ( RURAL ond give n	(If outside corporate lime cerest town) Catonsvil		LENGTH OF STAY IN	N 16	Baltime			URAL ond	give nearest	town)
d. NAME OF HOSPI OR INSTITUTION	The House To Fustin	ive street odd In Th g Aven	e Pines ue		d. STREET ADDRESS	nway I	Apts		0	RESIDENCE ON A FARM? S NO
B. NAME OF DECEASED (Type or print)	Fi	ank	Middle		Price, Jr	4. DATE OF DEATH	Dec	m ember	Doy 20	Year 19 60
Male	6. COLOR OR RACE White	7. MARRIED	NEVER MARRIED DIVORCED		TE OF BIRTH		9. AGE (In years lost birthdoy) 77 yrs.	IF UNDER Months	+	JNDER 24 HRS. Durs Min.
during most of wor	ON (Give kind of work king life, even if retired in the control of	d) (	ID OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stote Maryla		ountry)	12, CITI	U.S.A	AT COUNTRY?
3. FATHER'S NAME				14	MOTHER'S MAIDEN	NAME				
	Frank Pr	ice			Florence	Herma	an			
Yes, no, or unknown)	ER IN U. S. ARMED FO (If yes, give war or dates of	service) 219	-16-7560	Mrs.	Rosa I.Pr	ice,#2	211, Gree		Apts,	Zone 1
	ATH [Enter only one o	ouse per line f	or (o), (b), and (c).]	19	,					L BETWEEN
PARI I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (	1245	tordial	Chord	anelism	1			10	la
Conditions, if a		0) (020	marja	eles	1210		2.30	10.8	87	57.
couse (o), stoting lying couse lost.	the under-	Anken	Emaier (	andi	o-Vasen	Can &	Junar	re	10	37.
PART II. OT	HER SIGNIFICANT COM	NDITIONS CON	TRIBUTING TO DEAT	H BUT NOT	RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	'EN IN PAR	PE	AS AUTOPSY ERFORMED?
(IF EITHER, NOTIFY	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIE	BE HOW INJURY OCC	CURRED. (En	ter noture of injury in	Port I or Par	t II of item 18.)			
20c. TIME OF INJUI Hour o.m. p.m.	RY Month, Doy, Yo	20d, INJU While of work	RY OCCURRED 21 Not while ot work	0e. PLACE ( foctory,	OF INJURY (Home, form street, office bldg., etc	20f. (City	or town)	(0	County)	(Stote)
21. I certify t	hat I attended the	deceosed	from 22"	-234.	, 1960, to	12-3	20- 1960	that I la	st saw th	e deceosed
alive on	12-20-	, 19 65			urred at 1 100					
	1 12	1. 1	1				reet, city or town,			DATE SIGNED
SIGNATURE	elineer T.	fall	deting	M.D.	6209 F	eqe	mer	PIN YE	. 12	2260
PHYSICIAN'S NAME (Type)	Buer K	602/	13942		Baltin	207-6	-28.	Mde		
REMOVAL (Specify	ON, 22b. DATE THERE	-	2c. NAME OF CEMET				TION (City, town,			(Stote)
BURIAL (Specify			Woodlawn	Ceme			dlawn, Ma			
. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS			D BY REGIST	Ca .	STRAR'S SIG	10	
illiam Co	ok, Inc., I	1217 St	Paul Sti	reet	DATE	C 2 7 '6	Ch	Chun S.	Thatla	

TO HOSPITAL SATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours prize dearn. roge 4 may be retoined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director.

To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director.

The registrar prior to burial, cremation, or remayol, and in ony event within 72 haurs after death.

the state of the state of Date and the state of the state The second of th The state of the s ALC: The later than the state of the state o

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEPARTMENT OF HEALTH

13567

70000	CERTIFICA	TE OF DEATH			
PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (WI			e befare admission)
Baltimore	MARYLAND	o. STATE Marv		COUNTY	ltimore
b. CITY OR TOWN (If autside carporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o			
RURAL and give nearest town)		Van			
d. NAME OF HOSPITAL (If not in hospital, give street	at address)	Cockeys distrect Address	ville		e. IS RESIDENCE
OR INSTITUTION	er dodress)				ON A FARM?
York Road		/ York Ro	ad		YES NOX
NAME OF First DECEASED	Middle	Last	4. DATE OF	Manth	Day Year
(Type or print) Joseph	Marti	n Rafferty	DEATH	12 1	5 19 6
	RRIED NEVER MARRIED X		9. AGE		YEAR IF UNDER 24 HR
Man I - III-4 +-	WED DIVORCED	9-26-1873	87	rthday) Months	Days Haurs Min.
D. USUAL OCCUPATION (Give kind of work dane 10)					EN OF WHAT COUNTR
during most of working life, even if retired)			di foreign coomiy;	12.01112	LITO, WHAT COULTE
	ransfer, Expr			U.	S.A.
FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
William Rafferty		Ellen	Connor		
WAS DECEASED EVER IN U. S. ARMED FORCES? 1.	6. SOCIAL SECURITY NO. 17.	NFORMANT		Address	CockeysV
no, or unknown) (If yes, give war or dates of service)	19-30-8422	Man Malla	m Marra	a Varile D	
		Miss Nellie	T. Nevi	n York Ro	
18. CAUSE OF DEATH [Enter only one cause per	line far (a), (b), and (c).]				ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	RTERIOSCLIROTI	C CEREBRO VE	ASCULAR D	15 TASE	13 YRS
	111110		1.2.	. 5 01.	
DUE TO					-8-11
Conditions, if any, which )					
gave rise to immediate (b)					
cause (a), stating the under-					
Iving souss last					
/ 10/					The water turons
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE CONDI	TION GIVEN IN PART	PERFORMED?
					YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DE	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Part II of ite	m 18.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
	THE PARTY OF THE P	ACE OF INITIAL INC.	. 1005 (6)		
20c. TIME OF INJURY Manth, Day, Year 20d. Hour o. m. Whil	f.	ACE OF INJURY (Hame, form actory, street, affice bldg., etc.	n, 20f. (City ar tawn)	(C	aunty) (Star
p. m. 19 at w	ic (Ani willie				
		1100	-0 D-0	1 200	A
21. I certify that (I) (this hospital) atter			- P		Q, that (I) (we) la
saw the deceased alive on The	13 1960, and that	death accurred of 7.5	M, from the co	uses ond on the	dote stated abov
22a. SIGNATURE					22b. DATE
William at ulas	Print 1	M.D. PHYS. DI	ED. STAFF	П	17 16 - GO
22c. PHYSICIAN'S	. /	22d. ADDRESS	IKECIOK 🗀 TITIO		10,000
NAME (Type) WILLIAM A.	ILUSBURY	6.000	ONIHM	Md.	
a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION (Cit	y, tawn, ar county)	(State)
Buried 12-17-60	St. Josep	ohs	Texas	Mary	land
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			56. REGISTRAR'S SIG	
Brooks Funeral Servi	CA YORK Rd T	OWSON 4 PATOFO	: Z 1 '60	athun 8 +	TrauA

4.948 [			
anoult Lati	ineligation in the second	second Las	
	LaTEL Trigo (po	Coccessavi le	
	and they all		
A SEE SE	and Larrenteen ton	all visit lights	
	75		
	Includes approx	T. solan. sur	
	remote as I fill the	pharma willis	
		The state of the state of the	
in the faces	and the street		
	SATURDAY DO SELECT	O TOX BOLVIOR TEXTURE \$40.	2

# 13594 The following the state of the spiral or attending physician. The following the state of the spiral or attending physician. The following the state of the spiral or attending physician. The following the spiral pieces of the spiral permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death. fter death. Page 4. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

TO HOSPITAL O

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

1. PLACE OF DEATH					2. USUAL RESIDE	NCE (Whe	re deceased			before o	dmission)
o. COUNTY	Baltimore		MARYL	LAND	o. STATE	Marv 1	and	b. COUNTY	Harto	hre	V
b. CITY OR TOWN RURAL and give r	(If autside corporale limi	ts, write	c. LENGTH OF STAY I	IN 1b	c. CITY OR TO	WN (If our	side corpore	ote limits, write	RURAL and gi	ve nearest	town)
Catons			22 days		Bel.	Air,	Maryla	and		12X	-2
d. NAME OF HOSPI	TAL (If not in hospital, g	ive street	address)		d. STREET ADD	DRESS				e. 15	RESIDENCE
OR INSTITUTION SPRING G	ROVE STATE	HOS	SPITAL		Box	166	- Rou	e #2			ON A FARM?
3. NAME OF DECEASED	Fir		Middle	000	Last		4. DATE OF	Mo	nth	Dgy	Year
(Type or print)	Thom	as	Clyde		Randle		DEATH	Decen	ber	1	1960
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE	DE	DATE OF BIRTH	3,11	-1825	P. AGE (In years lost birthdoy)	IF UNDER 1		JNDER 24 HRS.
male	white	WIDOWE			1879	agr.	-/	81 yrs		Days Ho	ours Min.
10a. USUAL OCCUPATI during most of war	ON (Give kind of work rking life, even if retired	done 10b.	KIND OF BUSINESS OF	RINDUS	RY 11. BIRTHPLAC	CE (State a	r foreign cou	ontry)		~	HAT COUNTRY?
	TOWN Eller	ruin				land			U.	. S	A.
13. FATHER'S NAME	0-	1 1	1 11	0	14. MOTHER'S M	AAIDEN NA	ME	100	, ,	. /2	
Grien	on josepi	h Z	Mande	_	Unlesson	n 111	argus	ex am	i We	ull	w.
15. WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. IN	FORMANT		1	Ade	dress		
unknown			nknown	Re	cords: S	SPRIN	G GRO	OVE STA	ATE HO	SPIT	AT, -
18. CAUSE OF DE	ATH [Enter only one co	use per lin	e for (a), (b), and (c).]			^				INTERVA	AL BETWEEN
PART I. DE.	ATH WAS CAUSED BY:	N	Worand	2ia	l in	Van	elu	m		ONSET	AND DEATH
11.20.	/ DUE TO	-	/		~ d						
Conditions, if	ony, which )		eneral	Zino	00 FA	Ver	ins	00,00	·`^		
gove rise to	immediate (			0		000		200			
cause (a), stating lying couse lost.	ine under-									1	
Z PART H. OT	HER SIGNIFICANT CON		ONTRIBUTING TO DEA	TH BUT I	OT RELATED TO T	HE TERMIN	AL DISEASE	CONDITION GI	VEN IN PART	1(o) 19. V	VAS AUTOPSY
ATI		SLUGS								PI	S NO NO
PART HI. OT	AS UNDERLYING	20b. DESC	RIBE HOW INJURY OF	CURRED	(Enter nature of i	injury in Pa	ort I or Port	II of item 18.)			- [ ]
	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)										
20c. TIME OF INJU Hour o. m.	RY Month, Day, Yes			20e. PLA	E OF INJURY (Ho	me, form,	20f. (City o	or town)	(Co	ounty)	(State)
Hour o.m.	19	While of work	Nat while at work	fuci	ary, street, office b	olog., etc.)					
21. I certify ti	hat I attended the	decease	ed fram Nov	. 10	1960		cembe		that I le	net enw	the deceased
alive on De	sember 7	196		death	accurred at 5	30 p	M from	the course	and on the	a data	tetad abaut
On on an action	100		, 3110 11101	acom	accorred digg			eet, city or town		r udle s	DATE SIGNED
ACTUAL	NO. K. Cl	rizo	aga)	98.	sprin	IG GI		STATE		AT	21112 0101120
SIGNATURE					D. SPRIN	va gi	TOAU.	RAME.	DANSETT.	ALL	
PHYSICIAN'S NAME (Type)	Jose R. Al	rizag	a, M.D.		Caton	svil	le 28,	Maryla	nd		
220 BURIAL CREMATIC	ON, 22b. DATE THEREC		226. NAME OF CEME	TERY OF	CREMATORY /	12	2d. LOCATIO	ON (City, town,	or county)		(State)
TREMOVAL (Specify	12-104	0	Thus	cel	Riela	6	(Tel	eserl	le	8 3	nd
23. FUNERAL DIRECTOR	'S SIGNATURE	THE	ADDRESS		1 2	4a. REC'D	BY REGISTR	AR 24b. REG	ISTRAR'S SIGN	NATURE	
trank 1	A Mense	11	Piles.	8.	mol, o	DATEDEC	9 '60	Ca	Thur & A	Court	

HTAGG RO ST	ADDRESS OF	· · ·
	auto Coll	
		and the party
		er. September 1
		A STATE OF THE STA

N

ARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
	,	CEDTIEIC ATE	OF	DEATH	

j		12505		CERT	IFIC/	ATE OF	DEATH	1		Reg. Dist.	No. 1	3569
	1. PLACE OF DEATH COUNTY Ba	Unione		MAR	YLAND	2. USUAL RES	lam	/11	ved. If institution b. COUNTY	Residence b	pefore adm	nission)
)	b. CITY OR TOWN (III RURAL and give ne	willer		2 years		c. CITY OR	Dalle Dalle	More Mark	o Hyvits, write Ri	URAL and give	nearest to	iwn)
	d. NAME OF HÓSPITA OR INSTITUTION	AL (If not in hospital,	Than	oddress) Road	d	1590	2 NY	nitte	Prince	e	e. IS I	RESIDENCE A FARM? NO
	3. NAME OF DECEASED (Type or print)	atherine		Anna	2 /	Pe11/4	ost	4. DATE OF DEATH	Dec	. 1	Doy	Year 1960
	5. SEX F	W	WIDOWE		ED 🔲	nov. 147	1882		AGE (In years tast birthday) yrs.	Manths Da	ys Hau	rs Min.
	H.W.	N (Give kind at work ing life, even if retired	dane 10b. (	KIND OF BUSINESS (	OR INDU	Base	etim	00	itry)	12. CITIZEI	S A	AT COUNTRY?
	John Jos	ofh Co	ffa	y		14. MOTHER	S MAIDEN N	AME		Kel	ly	
	(Yes., no or unknown)	R IN U. S. ARMED FOI If yes, give war or dates of		SOCIAL SECURITY NO		a Helen	Bren	non	Sha	wan l	Road	, ml
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cerebral Thromboxics  INTERVAL BETWEEN ONSET AND DEATH								BETWEEN ID DEATH			
	Conditions, il fir		(/	terios	ele	iosis	, ge	rerat	inged			
	gave rise to in cause (a), stoting t lying cause last.	he under-	:)(									
	ICATIO	ER SIGNIFICANT CON								EN IN PART 1(d	PER	S AUTOPSY FORMED?
		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	RIBE HOW INJURY C								
	20c. TIME OF INJURY Hour o. m. p. m.	/ Manth, Day, Ye	While	Not while at wark	20e. Pt.	ACE OF INJURY ctory, street, offic	(Home, form, te bldg., etc.)	20f. (City or	tawn)	(Cour	ity)	(State)
	21. I certify that I attended the deceased fram fune, 1956, to Pac 18, 1960, that I last saw the deceased alive an Pec 17, and that death accurred at 4:30 M, fram the causes and an the date stated above.											
	ACTUAL SIGNATURE	arles V.W.	ieha	ins		M.D. 162			t, city or town, s			DATE SIGNED
	PHYSICIAN'S C	harles	H. W.	lliams		P	Kes	ville	8, m	d.		
	220. BUBIAL, CREMATION REMOVAL (Specify)	Mec 32-1	960	ZZC. NAME OF THE	SETERY D	P CREMATORY		gers	s/Isl	D. Ob.	M	di.
	23. FUNERAL DIRECTOR'S	s signature	Home	ADDRESS 9	Fall	Road	-	BY REGISTRA EC 21 '6		TRAR'S SIGNA		
		drou	URIT	11 JUNE								

THE OF DEATH	CERTIFICA	10.1
	BELLINE	
		C SELECTION CONTRACTOR
	7	
		and representation of a second
The state of the s		Company of the second s
	The state of the s	

AARYLAND STATE DEPARTMENT OF HEAT

VR A1S (4) 1SM 9/59

#### MADVIAND CTATE DEDADTMENT OF HE

		MAIN	KILANU	SIAIE DE	HAKIMEN	I OF HE	ALIH
-	0 - 0	DIVISION OF	STATISTICAL	RESEARCH AND	RECORDS -	BALTIMORE	1, MARYLAND
1	305	BIVISION OF	CEL	RTIFICATI	E OF DE	ATH	

15090 Item 8 CERTIFICA	ATE OF DEATH	13570
1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY	before admission)
DACIO	CITY OR TOWN IN A 11 and 15 in the 11 miles of	_au
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	e negrest town)
TOWSON	BALTMORE	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ARMACOST NURSING HOME	1 SOOB BOXHILL LANE	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle	Last 4. DATE Month	Day Yeor
(Type or print) NANNIE D.	DETTED DEATH 12	12 1960
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		YEAR IF UNDER 24 HRS
F W WIDOWED DIVORCED		ays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU		N OF WHAT COUNTRY
during most of working life, even if retired)	Ma Oilea . O	1 6
HOUSEWIFE	MAKYLAND	U-S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
JOHN T. KIDGELY	SARAH JERVIS HOO	U
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1  [Yes. no. or unknown)   Iff yes. give war or dates of service)	INFORMANT Address	
No - V	K. KOBERT KETZER SI	AME.
1B. CAUSE OF DEATH [Enter anly one couse per line far (a), (b), and (c)	2	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: CERL OK	HL ARTIERY INKOMISOSIS	16 Ma
DUE TO A CO		71100
Conditions if any which	165CLEROSIS	12 ym
gave rise to immediate	0 0 0 0 0 0 0	1-4
couse (o), stoting the under-	711	17 yn
, (0)	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	(o) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	THO RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
NONE		YES NO
206. ACCIDENT WAS UNDERLYING     206. DESCRIBE HOW INJURY OCCURR OF CONTRIBUTIONS   CAUSE OF DEATH	EED. (Enter noture of injury in Part I or Port II of item 18.)	
S 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. P		unty) (Stote
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. P Hour a. m.  p. m.  19 of wark at wark	octory, street, office bldg., etc.)	
	augusta salas Derxx sala	and talk a sit
21. I certify that (I) (this haspital) attended the deceased fram.	1175	\$2 that (1) (we) las
saw the deceased alive an area 19 wand that	death occurred at the fram the causes and an the	date stated above
2. Soldier S. Chalfaut	M.D. PHYS. MED. STAFF DIRECTOR PHYS. Dec	SIGNET
12C. PHYSICIAN'S NAME (Type) A.S. CHALF ANT	- 12d. ADDRESS 10 YORK ROZI	
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, tawn, or county)	(State)
REMOVAL (Specify)	han a di a di	Mo.
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN	
III he KANNINE I CANOCA AGAE VI OU D	- IEB 9 9C4	
14.M. JENKINZ & 2042 (1. 4402 JOEK K	D. DATE WAR & Orthung &	Traces

			THE STREET		
				13559	
				01.4	
	39am Dili				
	Al Lawrence Good			N almosa	
17 MG	K. Like and A			allers Ast en	
	K (				
	QuAJI'				
goot.	מנימון לנפטיב	3			
14.42 ·	935719 TU	AND ROLL			374
		3 7 7		É and	
			Hart.	i en en Gest and	and XH

ath: Page 4	ral director,	be filed with
naurs, ofter de	in the fune	and 2 shauld 1
ted within 24 l	npletely filled	ers. Pages 1
cate be execu	rsicion and can	ve carban pap urs after death
ne death certifi	attending phy	en please remail within 72 hou
TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4	an. signed by the	page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the registrar priar to burial, crematian, or removal, and in any event within 72 hours after death.
AN: The law	anding physicic icate has been	he burial-tran ar remaval, a
SING PHYSICI	haspital ar atte After this certif	ed for use as tall, cremation,
LCE ATTEN	DYRECTOR: /	uld be detach r priar ta bur
TO HOSPITA	TO FUNERAL	page 3 sha the registra
1	S A15	5 (4)

MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE	, 18
3597	CERTIFICATE OF DEATH	Reg. Dist. N

			7	3	5	7	
g.	Dist.	No.	-	0	U		ď

	1. PLACE OF DEATH o. COUNTY	Baltimore		MARYL	AND	2. USUAL RESIDE	Maryl		lived. If ins b. COU		idence b		ion)
	b. CITY OR TOWN (If	outside corporate limi	s, write	c. LENGTH OF STAY II	11			utside corpore					
	Catonsvil	Le "		2yr9mth2ld	lys	1 115	Arbut	us Ave	enue -	Balti	imor	e 27,	Md.
	d. NAME OF HOSPITA OR INSTITUTION SPRING GI	AL (If not in hospital, s ROVE STAT		SPITAL		d. STREET A		tus Av	renue		C		FARM?
	3. NAME OF DECEASED (Type or print)	Fir	ette	Middle	10	los		4. DATE OF DEATH	D,	Month ecem k		20	Yeor 60
ł	5. SEX			Lenno IED NEVER MARRIER		Reyno			9. AGE (In v	ears IF UN		AR IF UND	19
	female	whi.te	WIDOWE	The second second		Aug. 30			last birthd	yrs. Mont		-	Min.
	10a. USUAL OCCUPATIO	N (Give kind of working life, even if retired	lone 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPL	ACE (State of	or foreign co	untry)	12.	CITIZEN	OF WHAT	COUNTRY?
	housewi					M-	yland				U.	S. A.	
	13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
	Unknown					Unk	nown						10
	15. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. IN	FORMANT				Address			
	unknown	in you, give not or ourse or i		unknown	Rec	ords:	SPRIN	G GRO	OVE S	TATE	HOS.	PITAL	
1	18. CAUSE OF DEA	TH [Enter only one co	use per lin	e for (o), (b), and (c).]							Į Į	NTERVAL BE	TWEEN
4	PART I. DEAT	H WAS CAUSED BY:		Terminal by	ronc	hopneum	onia				0	NSET AND	SYS
	450	DUE TO											
	Conditions, if or	y, which ) (b	Art	eriosclero	tic	poplite	al ane	urysm	with	ruptu	re	3 weel	KS
1	gove rise to in couse (o), stoting t	nmediate (				angrene		leg					
	lying couse lost.	(c	Ge	neralized a	arte:	rioscle:	rosis					year	3
	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEAT	TH BUT N	OT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION	GIVEN IN	PART I(o	19. WAS	AUTOPSY RMED?
	5											YES D	
	PART II. OTH  PART II. OTH  OR CONTRIBUTING  (IF EITHER, NOTIFY I	S UNDERLYING []  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OC	CURRED.	(Enter noture o	f injury in P	ort I or Port	11 of item 18	.)			
			r 20d. IN	JURY OCCURRED	20e. PLAC	E OF INJURY	Home, form,	20f. (City	or town)		(Coun	ty)	(State)
	YOC. TIME OF INJURY Hour o. m.	19	While of work	Not while of work	focto	ory, street, office	bldg., etc.)	)					
	21. I certify the	at I attended the	decease	ed fram. Nov.	9	, 1960	, to_D	ec. 28	3 19	60 that	l last	saw the	deceased
	alive an De	28	., 19	60 , and that o	death (	occurred at	3:20p	M, from	the caus	es and o	n the o	date state	ed abave.
1		01.1	. 1	2				ADDRESS (Str					ATE SIGNED
	ACTUAL SIGNATURE	Sklla 1	Va	choles	м	D. SPRI	NG G	ROVE	STATE	HOSE	PITA	L 12-	28-60
	PHYSICIAN'S NAME (Type)	Stella Wac	sler	M. D.		Cato	nsvil	le 28,	Mary.	land		MI W der der der der sen spe	
	220. BURIAL, CREMATION REMOVAL (Specify)	, ,		22c. NAME OF CEMET	ERY OR	CREMATORY		22d. LOCATI	ON (City, to	wn, or coun	ty)	(Stot	e)
1	Burial 23. FUNERAL DIRECTOR'S		0	ADDRESS AUGU	isti	neis		-	dge !				
1	de la companya della companya della companya de la companya della		mond	lson Ave.			JA	BY REGISTR		REGISTRAR'S			
-	2 0	2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	2110110	TAVE.			DATE			Chillen	8. 1	MA	

	B 1-2ROMITZAS-HTDASHERD THEM	THATEU STATE DISABLE	
a Hoo	NAMES LINES AND A		
		The second of the second	
		A DISTRIBUTE OF THE PARTY OF TH	
	arrien bereiten bereite bestellt bereiten der		America Carlo Carlos Lucias San Da Carlos Ca

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13598 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. COUNTY filed b. COUNTY Baltimore Maryland MARYLAND fter death. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town TOWSON Ruxton d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS Towson Conval. Home 7920 Ruxway Road Ü .⊆ NAME OF 4. DATE Middle OF DEATH Dec. DECEASED 29,1960 ERNEST G. RICHARDSON (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years 8. DATE OF BIRTH last birthdoy) Male White WIDOWED F DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) New York Building Contractor Building 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henrietta (Last name unknown) Loren Richardson physicic 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes. no. or unknown) Mrs. L. Brent Wood. 7920 Ruxway Rd. Ruxton attending 1B. CAUSE OF DEATH [Enter only one couse per line for (o) / (b), and (c).] a PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO Conditions, if ony, which gove rise to immediate -DUE TO couse (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CATION 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY IHome, form, 20f. (City or town) Day. 20d. INJURY OCCURRED factory, street, office bldg., etc.) O. ID. While Not while 19 ot work of work 21. I certify that I attended the deceased fram ... 19/12, that I last saw the deceased ALMI from the causes and an the date stated above. and that death accurred at ADDRESS (Street, city or town stote) P. C. ACTUAL SIGNATURE should PHYSICIAN'S NAME (Type)

Wm Cook-Towson, Inc. York Rd. Towson, Md

22c. NAME OF CEMETERY OR CREMATORY

Mexico Cemetery

Reg. Dist. No.

Months

Baltimore

Day

IF UNDER 1 YEAR IF UNDER 24 HRS.

USA

(County)

22d. LOCATION (City, town, or county)

24a, REC'D BY REGISTRAR

Mexico, New York

24b. REGISTRAR'S SIGNATURE

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (State)

DATE SIGNED

(Stote)

e. IS RESIDENCE ON A FARM?

YES NO

Yeor

19

0 VS A1S (4) 15M 9/SS

220. BURIAL, CREMATION, 22b. DATE THEREO!

Burial (Specify)

BUT OF HEALTH—BALTIMORE, I.D.	TATE DEPARTME	CHATYTAM
TE OR DEATH	CERTIFICA	
cups to Last them to be interested to		ATONI DES
ninda.#3		
The first been been water 0007		all. Cowood govern
Dietrica comment		
1879. 1879. 1879.		man to a to
The state of the s	pall files	107012700
(memoran agen deel erselmen)		anabranoly merol
one in the control very man and the control		
	manus puris	
Part of the Control o	F-2/2014	el .oni,noven-devola

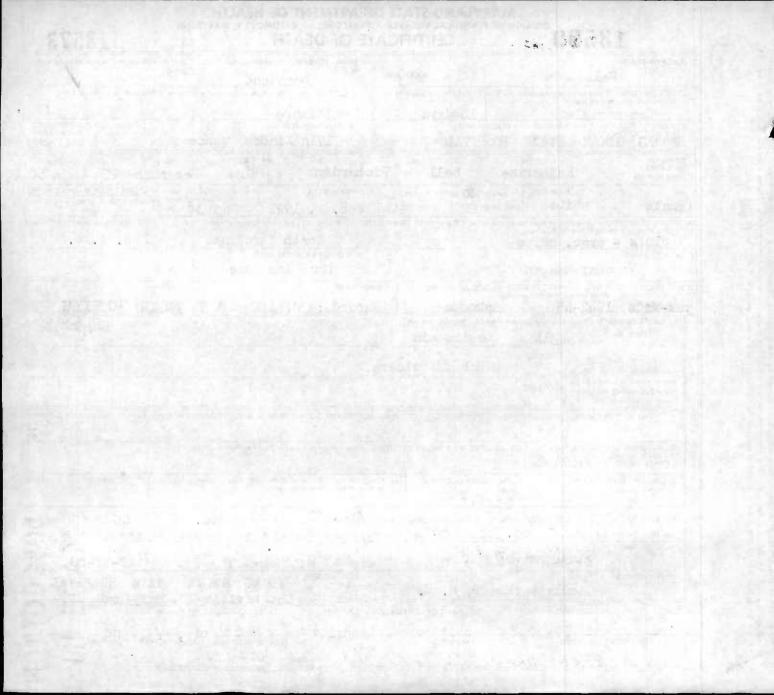
TO HOSPITAL

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

13599

1. PLACE OF DEATH		179 - SA - U.S.		re deceased lived. If institution: Resi	dence before admission)
o. COUNTY B	altimore	MARYLAND	o. STATE Maryla	and b. COUNTY	
b. CITY OR TOWN (If RURAL ond give ne	outside corporote limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside corporate limits, write RURAL o	nd give nearest town)
Catons		16 days	Baltimore		3V01-
			d. STREET ADDRESS		. IS RESIDENCE
or institution SPRING GR	OVE STATE HOS	SPITAL	1714 Line	den Avenue	ON A FARM? YES NO
3. NAME OF	First	Middle	Last	4. DATE Month	Day Yeor
(Type or print)	Katherine	Bell R	ichardson	December December	22 19 60
S. SEX	6. COLOR OR RACE 7. MARS	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy) 38 yrs.	DER 1 YEAR IF UNDER 24 HRS
female	white widow	ED DIVORCED	Feb. 1, 1922	38 yrs.	Jodys Hoors Willi.
10a. USUAL OCCUPATIO	N (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote o	r foreign country) 12.	CITIZEN OF WHAT COUNTRY
	prac. nurse		North	arolina	U. S. A.
13. FATHER'S NAME	pract marso		14. MOTHER'S MAIDEN NA	AME	
Vinc	ent Reagan		Mary Ann	Rice	
		SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
(Yes, no, or unknown)	If yes, give war or dates of service)				IIO CD T MAT
70- 11110-			Records: SPRI	NG GROVE STATE	HOSPITAL
and the same of th	TH [Enter only one couse per li				ONSET AND DEATH
PART I. DEA	TH WAS CAUSED BY:	Septicemia			
17/5 X	DUE TO				
Conditions, if or	ny, which ) (b)	ecubitus ulcer	5		
gove rise to in	nmediate (				_
lying couse lost.	the under-				
_	IER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN	PART 1(0) 19. WAS AUTOPSY
PART II. OTH  200. ACCIDENT WA  OR CONTRIBUTING  (IF EITHER, NOTIFY					PERFORMED?
C ACCIDENT WA	CHARGONIAN TO THE	CRIRE HOW INDUST OCCURR	TO (F. A	and I as Book II of item 10 1	I IES [] INO E
OR CONTRIBUTING	CAUSE OF DEATH	CRIBE HOW INJURY OCCURR	D. (Enter noture of injury in Po	off for Fort it of flem 16.)	
	MEDICAL EXAMINER)				
20c. TIME OF INJUR Hour o. m.			ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)		(County) (State
p. m.	19 While of wor	Not while	,,		
22 Leastifu the	t (I) (this haspital) attend	ded the decreed from	A119, 22 10	60 to Dec. 22 1	060 that //\ /wa\ la
21. I certify ind	(i) (inis nospilar) ariend	22 30 60	8.20	Dec	ADUL, mar (1) (we) las
saw the deceas	ed alive an DEG . Z	2 19 00, and that		M, fram the causes and an	the date stated above
220. SIGNATURE	Stella Wil	Elister	ATTENDING _ MEI	D. STAFF	SIGNE
OO BLIVE GLASSES	orcoal will	Clark (C)		ECTOR PHYS.	12-27-60
22c. PHYSICIAN'S NAME (Type)	Challe Mahai	am M D	22d. ADDRESS SPR	ING GROVE STATE	E HOSPITAL
	Stella Wachsi	er, M. D.	Gate	onsville 28, Mary	vl-and
23a. BURIAL, CREMATIO		23c. NAME OF CEMETERY		23d. LOCATION (City, town, or coun	
REMOVAL (Specify)	72/30/60	Baltimore N:	tional	Baltimone Mary	lond
24 FUNERAL DIRECTOR	S SIGNATURE	ADDRESS		BY REGISTRAR 256. REGISTRAR'S	
Mrs O. Tin	lessens April	Biots 17	md DATE D	DEC 2 8 '60	. 8 4
Till I sec	server years	pacie!	JONIE -	- Colm	-1 S. Thous
0	(				



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

TO HOSPITAL

VS A1S (4) 15M 9/SB

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13601

**CERTIFICATE OF DEATH** 

Pon Diet No

	· · · · · · · · · · · · · · · · · · ·				Keg.	D131. 140.	
1. PLACE OF DEATH o. COUNTY 3AI	TO,	MARYLAND	2. USUAL RESIDENCE		. If institution: Resi b. COUNTY BA	LTG.	nissian)
b. CITY OR TOWN (If outside of RURAL and give nearest town	1) -	LENGTH OF STAY IN 16	entitle.	If autside corporate lin		nd give nearest to	awn)
d. NAME OF HOSPITAL (IF not OR INSTITUTION	in haspital, give street add	, 1	d. STREET ADDRESS	FREDER	ICK A	VI ON	RESIDENCE N A FARM?
	First OMAS	Middle HENRY	RILEY	4. DATE OF DEATH	Manth  DEC.	Day / 3	Year 1960
S. SEX 6. COLO	PR OR RACE 7. MARRIED WIDOWED	~1	B. DATE OF BIRTH	1902 9. AG	E (In years IF UNI borthday) Month	DER 1 YEAR IF UN	
10a. USUAL OCCUPATION (Give k during most of working life, e WRITER	tind af wark dane 10b. KIN ven if retired)		STRY 11. BIRTHPLACE (St	ate or foreign country)	12.0	CITIZEN OF WHA	T COUNTRY?
13. FATHER'S NAME	m. Rilu	ey	14. MOTHER'S MAIDE	way mu	the		
1S. WAS DECEASED EVER IN U. S. (If yes, give v	ARMED FORCES? 16_SO	CIAL SECURITY NO.	NFORMANT (	J-Ballen	ge Rel Ne	steriens	itti
162-1	CAUSED BY: TE CAUSE (a) DUE TO	or (o), (b), and (c).]	2 banch	Arch of	heart	INTERVAL ONSET AT	BETWEEN ND DEATH
Conditions, if any, which gove rise to immediate couse (a), stoting the underlying cause lost.	DUE TO	Bron chi	io genic		noma	2 m	onthis
САТІС	Grop	Sy Ede	ma of the	isles 7 8	(ego)	PER	AS AUTOPSY REFORMED?
200. ACCIDENT WAS UNDERLOOK CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL	OF DEATH	BE HOW INJURY OCCURRE	D. (Enter notate of injury	in Fart I or Part II of	item 18.)		
20c. TIME OF INJURY Month, Hour a.m. p.m.	Day, Year 20d. INJU While of work	_ Nat while for	ACE OF INJURY (Home, f tory, street, office bldg.,	etc.)	√n)	(County)	(Stote)
21. I certify that I atte	ended the deceosed	from SR/ST	, 19.60, to_	Dec 13	., 1966,that I	last saw the	deceosed
olive on 72/C	3 1969 J	ond that death	occurred ot 15	ADDRESS (Street, o			ed above.  ATE SIGNED  12/15/
PHYSICIAN'S NAME (Type)	L.J. VOL.	ENICK M	ð				
220. BURIAL, CREMATION, 22b. E REMOVAL (Specify) /2-	ATE THEREOF 2	2c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (	City, town, or count	Inf. 15	otote)
23. FUNERAL DIRECTOR'S SIGNATURE Cavanacy	B FH Cat	address onwelle, in	DATE	EC'D BY REGISTRAR	24b. REGISTRAR'S	SIGNATURE	
		-	015	C 1 9 60	CINTAIN X	Traule.	

	ATATE OFFA	
		10001
	100	PLA LICENSE
		Viet des les représentations de la constant de la c

in 24 hours after

death. Page whay be retained by the hospital or altending physician.

Yellow To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fived in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or beginning and in any event, within 72 hours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

a

TO HOSPIT

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 76

CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before	ore admission)
D-711	YLAND Maryland b. COUNTY	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	TAY IN 1b c. CITY OR TOWN (If oulside corporate limits, write RURAL and give nearest	town)
Fort Howard 28 Days	Baltimore (2)	4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street ac		S RESIDENCE
Veterans Administration Hespital		NO.
3. NAME OF First Middle DECEASED		Year
(Type or print) JAMES H.		19 60
5. SEX   6. COLOR OR RACE   7. MARRIED X NEVER MAR	NED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UN	DER 24 HRS.
Male Colored WIDOWED DIVOR	Months Days Hour	rs Min.
10e. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS	OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHA	AT COUNTRY?
done during most of working life, even if retired)  Cook  Restaurant	Norwood, N. Carolina U. S. A	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Sam Robinson	Rebecca Robinson	
	NO. 17 INFORMANT Address Clinical Records	
(Yes, no, or unkown) (Ifyesgivewarordatesofservice) Yes WW II 241-18-377.	VAH, Baltimore 18, Maryland, Fort Howard	Dirricia
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and	(c).]	L BETWEEN
PART I. DEATH WAS CAUSED BY: CORONARY OCC		ND DEATH
1-1-1	TOTOIT WILL MICORDING INTERPOLATION	
Conditions, if eny, which (b) EDEMA OF THE	LUNGS UNK	NOWN
geve risa to Immediate cause		
(a), steting the underlying LOBAR PNEUMO	VIA UNK	NOWN
(c)	ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)   19. WA	AS AUTOPSY
O	PE YES [	ERFORMED?
	Y O CCURED. (Enter neture of injury in Pert I or Part II of item 18.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED		(Stete)
20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED While Not While at work at work at work	factory, street, office bldg., atc.)	
21. I certify that (IX (this hospital) attended the decea	sed from November 29 100, to December 2719 60, that (	OX (wa) last
	and that death occurred at A. M., from the causes and on the date st	
saw the deceased alive on 19.00,	and that death occurred alAM, from the causes and off the date st	22b. DATE
- 1. ( ) 2. M.	ATTENDING MED. STAFF	1 \$ / SIGNED
12th PHYSICIAN'S	M.D. PHTS. DIRECTOR PHTS. 22d. ADDRESS	-21-11
FREDERICK S. DONALDSON, M.D.	VAH, Baltimorel8, Md., Fort Howard Div	ision
	CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(Stete)
REMOVAL (Specify)		land
Dullal Dalolino	re National   Baltimore Mary W. Lafayette   250. REGISTRAR   25b. REGISTRAR'S SIGNATURE	Land
	w. Lalayeuce 61	
George Queen Baltimore 16,	Maryland DATE County S. Thous	

	Jeige Little			20_20_5
	(9) ero . U.s	ù ça E		roll Cart.
	terror will win it of	Let become	olenice ilian	100007
			2907	
	TORE OF S			14.00
	a Llows	first dark coeff.		1055
	000000000000000000000000000000000000000		alog i	Local per
	ent resonation of the state of		E. S.	802
	neliminate de l'encore de la composition della c	M Mozanteso Phistoca		
Towns.		Artisence y Lo		
	Consultation of the second		.000	
N. 34				
Adatab, Mino		ال الله الله		
THE STATE OF	0.55	bion McLi		

VS A1S (4) 15M 9/SB

	1
the attending physician and campletely filled in by the funeral director,	I and 2 should be filed with
×	2
2.	ond
P	-
ij.	e e
>	3
9	1
d	Prs
8	d
Ö	ă.
and	Then please remave carbon papers. Pages
9	are
.0	0
, s	34
4d	Ě
D	7
	ase
e	0
5	-
e	he
-	-

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13603 **CERTIFICATE OF DEATH** 

13577 Reg. Dist. No.

b. CITY OF TOWN (if outside corporate limits, write RURAL and give nearests town)  TOWSON  d. NAME OF CHOSPITAL (if not in hospital, give street address)  d. NAME OF CHOSPITAL (if not in hospital, give street address)  d. NAME OF CHOSPITAL (if not in hospital, give street address)  d. NAME OF CHOSPITAL (if not in hospital, give street address)  d. NAME OF CHOSPITAL (if not in hospital, give street address)  d. NAME OF CHOSPITAL (if not in hospital, give street address)  d. NAME OF CHOSPITAL (if not in hospital, give street address)  d. NAME OF CHOSPITAL (if not in hospital, give street address)  d. NAME OF CHOSPITAL (if not in hospital, give street address)  d. NAME OF CHOSPITAL (if not in hospital, give street address)  d. NAME OF CHOSPITAL (if not in hospital, give street address)  d. NAME OF CHOSPITAL (if not in hospital, give street address)  d. NAME OF CHOSPITAL (if not in hospital, give street address)  d. NAME OF BEATH (if not in hospital, give street address)  d. NAME OF BEATH (if not in hospital, give street address)  d. NAME OF CHOSPITAL (if not in hospital, give street address)  d. NAME OF CHOSPITAL (if not in hospital, give street address)  d. NAME OF CHOSPITAL (if not in hospital, give street address)  d. NAME OF CHOSPITAL (if not in hospital, give street address)  d. NAME OF CHOSPITAL (if not in hospital, give street address)  d. NAME OF CHOSPITAL (if not in hospital, give street address)  d. NAME OF CHOSPITAL (if not in hospital, give street address)  d. NAME OF CHOSPITAL (if not in hospital, give street address)  d. NAME OF CHOSPITAL (if not in hospital, give street address)  d. NAME OF CHOSPITAL (if not in hospital, give street address)  d. NAME OF CHOSPITAL (if not in hospital, give street address)  d. NAME OF CHOSPITAL (if not in hospital, give street address)  d. NAME OF CHOSPITAL (if not in hospital, give street address)  d. NAME OF CHOSPITAL (if not in hospital, give street address)  d. NAME OF CHOSPITAL (if not in hospital, give street address)  d. NAME OF CHOSPITAL (if not in hospital, g	1. [	PLACE OF DEATH O. COUNTY  Baltim	ore		MARYLA		a. STATE	pland	nere deceased	b. COUNT	Y	nce befa	re admiss	ian)
d. NAME OF CHSPITAL (If not in hospital, give street address)  d. NAME OF CHSPITAL (If not in hospital, give street address)  3. NAME OF DECEASE)  (Type or print)  William H. St. Clair  NOONCED DIVONCED DIVONCE	1	b. CITY OR TOWN (IF	autside carporate limi	ts, write	c. LENGTH OF STAY IN	16			outside carpor			give ned	arest tawn	)
d. NAME OF HOSPITAL (If not in hospital, give street oddress)  623 Hillen Road  623 Hillen Road  623 Hillen Road  7. MARINE   St.		ETC)					Tows	son			2			
3. NAME OF DECEASED IN   WILLIAM H. St. Clair   S. SEX   S. COLOR OR RACE   Z. MARRIED   DIVORCED		d. NAME OF HOSPITA		ive street	address)		d. STREET	ADDRESS			1		e. IS RES	IDENCE FARM?
3. NAME OF DECEASED IN   WILLIAM H. St. Clair   S. SEX   S. COLOR OR RACE   Z. MARRIED   DIVORCED		623 Hi	llen Read				623	Hille	n Road		-		YES [	NO 🗌
S. SEX   6. COLOR OR RACE   7. MARRIED   NOVACED   Dec.   1. 1. 1896   Novace   NovaceD   Dec.   1. 1. 1896   NovaceD   NovaceD   Dec.   1. 1. 1896   NovaceD   Nova		NAME OF DECEASED	Fir					1 1 1 1 1 1	4. DATE OF	Mo				
Male White WIDOWED DIVORCED Dec. 11, 1896 61, 773. Months Day's Hours Min.  100. USUAL OCCUPATION (Give kind of work dane diversed during most of working life, even if relieved)  Ret. Executive Standard Oil Co. Maryland  13. EATHER'S NAME  Thomas Kelly St. Clair  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17 (17. p. p. w. nor of delive of terricol)  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY. A Cute coronary occlusion  19. Conditions, if any, which gave rise to immediate couse (o), stating the under lying couse lost. (c)  10. Coronary arteriosclerosis and hypertension  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS DEATH (Enter noture of injury in Part I or Part II of item 18.)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF CURRED (Enter noture of injury in Part I or Part II of item 18.)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF CURRED (Enter noture of injury in Part I or Part II of item 18.)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF CURRED (Enter noture of injury in Part I or Part II of item 18.)  PART II. OTHER SIGNIFICA			4 COLOR OR BACE	7	Lair		DATE OF BART	***				1 VEAR		
10. USUAL OCCUPATION (Give kind of work done) 11. BRTHPIACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MADEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 16. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 16. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. WAS DECEASED EVER IN U. S. ARMED FORCES? 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] 19. PART I. DEATH WAS CAUSED BY. 10. MAS CAUSED BY. 10. WAS DECEASED EVER IN U. S. ARMED FORCES? 10. WAS DECEA								-0-1		last birthday	Manths			
Ret. Executive Standard Oil Co. Maryland  13. FATHER'S NAME Thomas Kelly St. Clair  15. WAS DECEASEDEVER IN U. S. ARMED FORCES? [Vist. no. or unknown)  16. WAS DECEASEDEVER IN U. S. ARMED FORCES? [Vist. no. or unknown)  17. WORDANT  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY. Acute coronary occlusion  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) [9]. WAS AUTOPSY PERFORMEDY PERFORMENT PERFORMENT PERFORMEDY PERFORMEDY PERFORMENT PERFORMENT PERFORMEDY PERFORMEDY									or foreign co	OLI		IZEN OI	FWHATC	OUNTRYS
13. FATHER'S NAME						11400011				,			***************************************	00111111
Thomas Kelly St. Clair  Caroline Marquardt  15. WAS DECEASED EVER IN U. S. ARMED FORCES? Inc. SOCIAL SECURITY NO. 212-09-0101  Mrs. William H. St. Clair-623 Hillon Rd. Interval Between Security No. 212-09-0101  B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY. Acute coronary occlusion  DUE TO  Conditions, if any, which gave rise to immediate cause (a), total the under lying cause last.  (b) General arteriosclerosis and couse (a), total the under lying cause last.  Fart II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OF INJURY LINE CAUSE (b) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  To Contributing Cause last.  20. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (II) ETHER NOTITY MEDICAL EXAMINER)  20. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (II) ETHER NOTITY MEDICAL EXAMINER)  20. CIME OF INJURY Manih, Day, Year 20d. INJURY OCCURRED with least and wark of work	10		cutive	LS:	tandard Oil	Co					U.	S.A		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  212-09-0101  Mrs. William H. St. Glair=623 Hillen Rd.  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY.  INTERVAL BETWEEN ONSET AND DEATH SUDGER ON SET A	13.		011 6+ (	7										
World   T								oline	Marqu					
18. CAUSE OF DEATH   Enter only one cause per line for (a), (b), and (c).]   PART I. DEATH WAS CAUSED BY.   Acute coronary occlusion   Sudden     DUE TO   Canditions, if any, which gove rise to immediate cause (a), stating the under lying cause lost.   DUE TO   Coronary arteriosclerosis and     DUE TO   Coronary arterioscl				ervice)		INFO	DRMANI							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stoting the under- lying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO  20. ACCIDENT WAS UNDERLYING IN IT THE THE NOTIFY MEDICAL EXAMINER)  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH III (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED While OR		World	T	2	12-09-0101	M	rs. Wi	lliam	H. St.	Clair	-623 H	577	en Fe	
Due to Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART III. OTHER SIGNIFICANT CONDITIONS  PART III. OTHER SIGNIFICANT CONDITIONS  PART III. OTHER SIGNIFICANT CONDITIONS				use per li	ne far (a), (b), and (c).]							INT	ERVAL BE	TWEEN
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  Part III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  Part III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  Part III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  Part III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  Part III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  Part III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  Part III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  Part III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  Part III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  Part III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  Part III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  Part III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART III. OTHER SIGNIFICANT CONDITION GOVERNOD  PART III. OTHER SIGNIFICANT CONDITION GOVERNOD  PART III. OTHER SIGNIFICANT CONDITI		PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (c	Ac	ute coronam	y oc	clusion	1				Su	idden	
gave rise to immediate couse (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO 200. ACCIDENT WAS UNDERLYING DOWN THE EIGHT OF CONTRIBUTING TO AUGUST OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. TIME OF INJURY Manth, Day, Year at while at work   21. I certify that I attended the deceased fram.  20. TIME OF INJURY (Hame, farm, 20f. (City or town) (Caunty) (State) at work at work at work at work at work at work.  21. I certify that I attended the deceased fram.  22. TIME OF INJURY (Hame, farm, 20f. (City or town) (Caunty) (State) Apprentice of the causes and an the date stated above.  ADDRESS (Street, city or town, state)  ADDRESS (Street, city or town, state)  PHYSICIAN'S		410							11111					-112
gave rise to immediate cause (a), stating the under-lying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO 200. ACCIDENT WAS UNDERLYING OR COURSED OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO 200. ACCIDENT WAS UNDERLYING OR COURSED OR COURSED OR COUNTRIBUTION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES ON 200. ACCIDENT WAS UNDERLYING OR COURSED OR COURSED OR COURSED OR COUNTRIBUTION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES ON 200. ACCIDENT WAS UNDERLYING OR COURSED OR COURSED OR COUNTRIBUTION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES ON 200. ACCIDENT WAS UNDERLYING OR COURSED OR COURSED OR COURSED OR COUNTRIBUTION OF THE TERMINAL DISEASE CONDITION OF THE TERMINAL DISEAS		Canditians, if an	y, which )									5	yrs	
State   Stat		gave rise to im	mediate (	Ge	eneral arter	iosc	lerosis	s and						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING OF CONTRIBUTION OF CONTRIBUTIO			ne under-	1	hyper	rten	sion					20	yrs	
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While at wark at war	Z	PART II. OTHE	R SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	H BUT NO	OT RELATED TO	O THE TERMI	INAL DISEASE	CONDITION G	IVEN IN PAI	RT 1(a) 1	19. WAS /	AUTOPSY
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While at wark at war	CATIC												PERFO	RMED?
21. I certify that I attended the deceased fram	CERTIFI	OR CONTRIBUTING	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCC	URRED. (	Enter nature o	of injury in	Part t ar Part	11 of item 18.)				
21. I certify that I attended the deceased fram	MEDICAL	Haur a.m.		While	_ Nat while	PLACE factor	ey, street, affic	(Hame, farm e btdg., etc	20f. (City	ar tawn)	(	Caunty)		(State)
alive an Dec. 20 , 1960 , and that death accurred at? A.M. from the causes and an the date stated above.  ADDRESS (Street, city ar tawn, state)  DATE SIGNED  ACTUAL SIGNATURE ROBERT B. Wright  PHYSICIAN'S		21 1 and 6. the	et Lattandad tha	docon			1035	. De	ec. 26	1060	) Ab A 1 1.		. 41	
ACTUAL SIGNATURE ROBERT B. Wright M.D. Medical Arts Bldg., Baltimore 1, Md.  PHYSICIAN'S				,	_		/							
ACTUAL SIGNATURE ROBERT B. Wright M.D. Medical Arts Bldg., Baltimore 1, Md.  PHYSICIAN'S		alive an	- 4 4	190	ond that d	eath a	ccurred at					e date		
Robert B . Wright		ACTUAL 1	Palith	W	an lata	W.	Med					na 7		
PHYSICIAN'S		SIGNATURE	phert B	Nm gh	11/1/1/1/	M.I	)	1061	12 00 03	Lugo, De	<b>21.0 I</b>	10 1	ما الم	•
		PHYSICIAN'S NAME (Type)	Dero D .	(					D differ down office-cone down down 1977 down do					
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)	220		, 226. DATE THEREC	)F	22c. NAME OF CEMETE	RY OR C	REMATORY		22d. LOCAT	ION (City, town	, ar caunty)		(Stat	e)
Burial 12/29/60 Parkwood Cemetery Baltimore, Maryland	]		12/29/6	)	Parkwood	Com	eterv		Bal	timore	Mary	land		
23. FUNERAL DIRECTOR'S SIGNATURE APPORESS , 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	23.	FUNERAL DIRECTOR'S	SIGNATURE			للتياب		24a. REC'					RE	
Ven O Teckner y Sons Dalto 17 Md. DATEC 28 60 July 8 Krous	7	m O Tick	men y San	0	12alta 17	1/	nd.	DATELC	2 8 '60	Cini	Inn 8 +	Trava		

# 

	44 5 4			1 7 1
•				
		model of the	या वर्ष दृष्ट	

45 -

-

ter death. Poge 4 funeral directar, ald be filed with TTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of may be retained by the haspital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

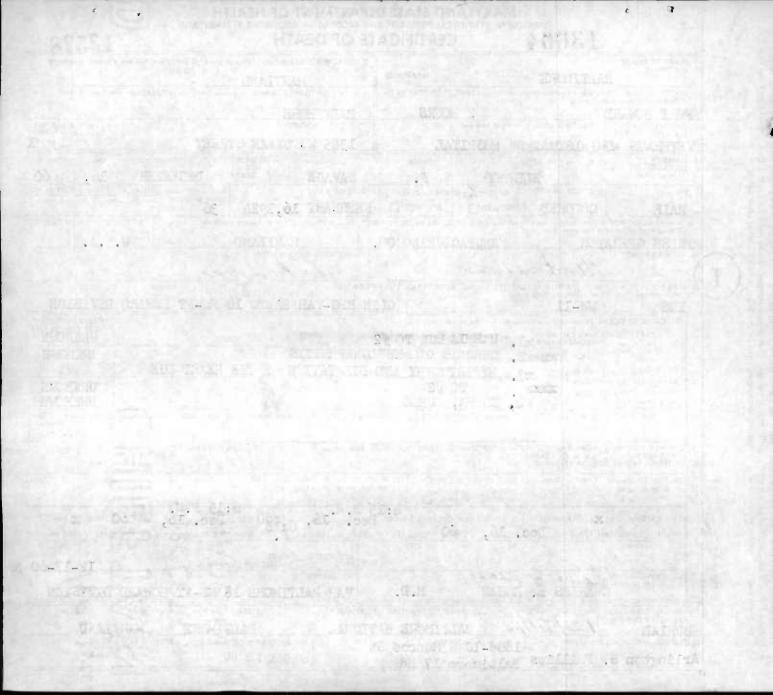
TO HOSPITAL

VR A15 (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

13()() CERTIFICATE OF DEATH

- Pr										_			
	o. COUNTY	BALTIMORE		MARYLA		USUAL RESID o. STATE	MARY		lived. If institution b. COUNTY	on: Residence	before adm	ission)	
ſ	b. CITY OR TOWN (II RURAL ond give ne	c. LENGTH OF STAY IN	116	c. CITY OR TOWN (If outside corporate limits, write RURAL and					ve nearest to	wn)			
	FORT HOWARD		2 HOURS	34 15	BALTIMORE 3 V						11-4		
	d. NAME OF HOSPIT		d. STREET AI	e. IS R	ESIDENCE A FARM?								
		MINISTRATIO		1385 WOODYEAR STREET									
1	3. NAME OF DECEASED	First		Middle		Last		4. DATE	Mon	th	Day	Year	
	(Type or print)	EL	LWOOD	F.		SAVAGE		DEATH /	DECEM	BOR	16,	1960	
	5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	☐ B. DA	ATE OF BIRTH		9	. AGE (In years lost birthday)	-	YEAR IF UN	7	
	MALE	COLORED	WIDOWE	DIVORCED	□ FE	EBRUARY	16,	1924	36 yrs.		71001	3 74111.	
	10a. USUAL OCCUPATION during most of work	ON (Give kind of work di	one 10b. I	CIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLA	ACE (State	or foreign cou	intry)	12.CITIZ	EN OF WHA	COUNTRY?	
	PRESS OPER		MAN	UFACTURING				YLAND		U.	S.A.		
1	13. FATHER'S NAME	01.6			14	. MOTHER'S	MAIDEN	IAME					
	)	0111-1	eu			U	nns	raw					
1	(Yes. no, or unknown)	R IN U. S. ARMED FORC (If yes, give wor or dates of ser		OCIAL SECURITY NO.	17, INFOR			-44	Addi				
L	YES	WW-11			CLIN	REC-VA	AH BA	LTO 18	Md-FT H	OWARD	DIVIS:	CON	
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]										ONSET AND DEATH UNKNOWN		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IN UREMIA DUE TO #2										UNKI	IOMN	
	> 7 2 X AMERIC GLOMERULONEPHRITIS										UNK	IOMN	
	Conditions, if ony, which ) 103 HYPERTROPHY AND DILATATION OF THE HEART DUE												
	gove rise to immediate couse (a), stating the under.								UNKNOWN				
	Iying couse lost. ) XIL FIDEMA, LUNGS  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I										UNKNOWN		
4	CATIC	IER SIGNIFICANT COND	OITIONS <u>C</u>	ONTRIBUTING TO DEAT	H BUT NOT	related to	THE TERM	NAL DISEASE	CONDITION GIV	EN IN PART	1(o) 19. WA PER YES [	EORMED?	
	(IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCC	CURRED. (Er	nter noture of	injury in I	Port I or Port	Il of item 1B.)				
	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yea 19	While	JURY OCCURRED  Not while of work		OF INJURY (F , street, office			or town)	(Cc	ounty)	(Stote)	
	21. I certify tho	t 11) (this hospital)	ottende	ed the deceosed fi	om. De	c. 16	19	60 . to	Dec16.	19_60	), that (to	(we) last	
		ed olive an Dec					or P	M, fram t	he causes an	d on the	date state	d above.	
3	22o. SIGNATURE					ATTENDING		FD.	CTAFF			22b. DATE SIGNED	
		0110	0		M.D.	PHYS.	□ DI	ED. RECTOR	STAFF PHYS.		12-		
	22c. PHYSICIAN'S ( NAME (Type)	parlle &	TERN	an		22d. ADDRE							
		CHARLES E.	ROWAI	M.D	•	VAH B	ALTIM	ORE 18	MD-FT H	OWARD	DIVIS	ION	
	23o. BURIAL, CREMATIO REMOVAL (Specify)	N. 23b. DATE THEREO	1/.	23c. NAME OF CEMET	ERY OR CR	EMATORY		23d. LOCATI	ON (City, town,	or county)	(S	tote)	
	BURTAL	12/2//	60	BALTIMORE	NATI	ONAL	11.1		IMORE	MAR	YLAND		
1	24. FUNERAL DIRECTOR		1808	-10 NEMonro	e St			D BY REGISTR		STRAR'S SIG	1 2		
	Arlington S	. Phillips	Balt	imore 17 Md			DATEDE	C 1 9 '60	CN	Sun S. 9	Cherry		



ARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH STON STREET, BALTIMORE 1, MARYLAND ATE OF DEATH FilmC278 1-5-61 PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY b. COUNTY MARYLAND c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) b, CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b write RURAL and give neerest town e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not In hospitel, give street eddress) ON A FARM? YES NO 3. NAME OF DECEASED (Type or print) DEATH IF UNDER 24 HRS. 9. AGE (In yeers | IF UNDER 1 YEAR NEVER MARRIED last birthdey) Months Hours WIDOWED X DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY HOUSEW 3. FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Cerebra IMMEDIATE CAUSE (e) DUE TO Arteriosclerosis geve rise to immediate cause DUE TO (e), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (Stete) Month, Dey, Yeer fectory, street, office bldg., etc.) While Not While Hour e.m. et work et work saw the deceased alive on. DCC: 33, 19,60, and that death occured at 3.4M, from the causes and on the date stated above. 22b. DATE ATTENDING SIGNED DIRECTOR PHYS. PHYS. 22d. ADDRESS 230 BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, lown or county) 23c. NAME OF CEMETERY OR CREMATORY REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FLIMERAL DIRECTOR'S SIGNATURE

funeral

the d

completely

and

çarbon

ā

may

death. Page TO FUNERAL

director, be filed

VR A15 (4) 15M 9/60

and

the state of the same of the s Concernate throm bosis and control categoria water and a second of the seco and the second of the second o market branch & pers Harted had believed to CANANA CHARLES PERSON CONTRACTOR SERVICES

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

313418	Keg. Dist. No.
1. PLACE OF DEATH o. COUNTY  Baltimore  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY Balto.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	Randallstown d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
3815 Brownhill Road	3815 Brownhill Road YES NO
3. NAME OF First Middle DECEASED (Type or print) Virginia Lee	Schmidt  4. DATE Month Day Year OF DEATH December 13, 1960 19
5. SEX   6. COLOR OR RACE   7. MARRIED   DIVORCED	
Female White WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	DUSTRY 11. BIRTHPLACE (State or foreign country) 12.CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Baltimore, Md. U.S.A.  14. MOTHER'S MAIDEN NAME
Raymond A. Cook	Florence E. Bilson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service) (Yes, no. or unknown) (If yes, give wor or dates of service) (217-24-3712	Mr. William F. Schmidt 3815 Brownhill Rd.
5 Cerrhosis Laguneis	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?, YES NO (A)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.) (Caunty) (State
21. I certify that I attended the deceased fram	nth occurred at 45 P. M., from the causes and an the date stated above  ADDRESS (Street, city or pown, state)  M.D. 410 Med. A. K. Rug Balto IMd 12-19
PHYSICIAN'S NAME (Type) Wm. Carl Ebeling, M. D.	,
220. BURIAL, CREMATION, REMOVAL (Specify) 12/17/60 Loudon Pa	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS / Dalto 17	Md DATEC 1 6 '60 Outling & Kenna

to an extra transfer to the second of the se 

## funeral the d 2 ed in please permit. ò burial-transit the 98 use for etached

þ

completely

physician

attending

the

ig physician.

peen

has

certificate

After this

may be ren.
DIRECTOR:

OR

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

13607 PLACE OF DEAT 2. USUAL RESIDENCE (Where decessed lived, If institution: e. COUNTY b. COUNTY Baltimore MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL end give nearest town Baltimore 26 21 days Fort Howard, Maryland 21 days
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1903 Pennington Ave YES NO Veterans Administration Hospital 4. DATE DECEASED (Type or print) 19 60 DEATH December 26 SCHULMAN LOUIS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH last birthdey) Months WIDOWED DIVORCED May 10, 1897 White 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired U.S.A. Jeweler-Watchmaker Jewelry Store Russia 14. MOTHER'S MAIDEN NAME Ida Sundell Auser N. Schulman 16. SOCIAL SECURITY NO. 17. INFORMANT Clinical Records dress WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (Ifyesgivewerordatesofsarvice) VAH. Baltimore 18, Md-FORT HOWARD DIVISION 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) ACUTE DILATATION OF THE STOMACH hours (b) ANAPLASTIC ADENOCARCINOMA OF THE STOMACH WITH DUE TO METASTASIS TO PERIGASTRIC, PARI-PANCREATIC, PERAORTIC, (e), steting the underlying MEDIASTNAL AND CERVICAL LYMPH NODES AND THYROID PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY PERFORMED? YES IN NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 2Dd, INJURY OCCURRED | 2De, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) Not While factory, street, office bldg., etc.) at work at work 

saw the deceased alive on...Dec....26..........150...., and that death occured at...P...M, from the causes and on the date stated above 22a\_ SIGNATURE

NAME (Type) FREDERICK S. DONALDSON, M.D.

REMOVAL (Specify)

Burial

23. BURIAL, CREMATION, 23b, DATE THEREOF 12-28-60

23c. NAME OF CEMETERY OR CREMATORY

ATTENDING

Mishaan Israel Congregation

22d. ADDRESS

VAH. Fort Howard, Md. 23d. LOCATION (City, town or county)

PHYS.

12/27/60 IGNED

22b. DATE

24 FUNERAL DIRECTOR'S SIGNATURE SOL LEVINSON & BRO 6010 Refisterstown Road | 25m. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Baltimore, Maryland

DATE

MED. DIRECTOR

> Southern Ave., Balto., Md. arthur S. Kraus

TO FUNE director, p VR A15 (4) 15M 9/60

a protesta

Mort House I, Now Yound (2) days Ral Moure 20

.ov. notes turns (000 Late tell not be but that are minv

LIVE SCHULES CHUICES Decumpor 16. 198 90, 1397 B

Jesult ending the day the first

Autoria de la compania del compania del compania de la compania del 
WALL THE CENTRE THE SECRET THE PROPERTY LAND AND ADDRESS OF THE PERSON O

CONTRACTOR OF ACTION OF THE PROPERTY OF THE PR

BENEZICA WENDERDE CITA CENTRE REPORT ALCEVERS WA TANDESCO.

A STATE OF COMMENTS OF THE SECOND

workings. other St. S.O. own, Port Ereard, M.

A THE PARTY OF THE PROPERTY TO SENTENCE AND A SENTENCE AND A BERNOON, IN. less to result in the contract of the contract Some transfer of the contract 
#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

13582

		1380	Q	CERTIFI	CAI	E OF DE	AIH							~
	DUNTY	Baltimore	•	MARYL	AND	2. USUAL RESIDE	ence (Wh		d lived. If in b, COU		n: Resider Balt			ision)
b. CI	JRAL and give ne	f outside corporate limerest tawn) Edmondson		c. LENGTH OF STAY IN	N 1b	c. CITY OR TO		utside corpo	orate limits, w	rite RU	IRAL ond	give nec	arest tow	n)
d. N		AL (If nat in haspital,	give street		e	d. STREET AD 1708 Hi		rive	1				ON	SIDENCE A FARM?
	AE OF EASED or print)		irst J	Middle		SHAFFER	SR.	4. DATE OF DEATH	T	Manth	h	Do	ıy	Yeor 1960
S. SEX			7. MAR	RIED NEVER MARRIED		DATE OF BIRTH			9. AGE (In )	yeors doy)	IF UNDER	-	IF UND	ER 24 HI
Ma.	UAL OCCUPATION	White ON (Give kind of work	dane 10b.	ED XX DIVORCED	_	ry 11. BIRTHPLA				yrs.	12.CIT	IZEN OI	F WHAT	COUNTR
Re	tired La	ting life, even if retired		Administrat	tion	Wes		rginia				U.S.	Α	
	drew C.	Shaffer				Alice					20	1.3		
Ye. Ye.		R IN U. S. ARMED FO (If yes, give war or dates of World Wa)	service)	SOCIAL SECURITY NO.	113	r. J. Ll	oyd S	Shaffe	r. Jr.	Addre -17		ill	Driv	ve
go	anditions, if o ave rise to i suse (o), stating ing couse lost.	ny, which (mmediate but to but to	BAR	TERIOSCHI	ERO	Tic	Cu	1	DISE	AS	E		67	IRS
CERTIFICATION (IE)	TORONA	24 Oct	Chus		RCII	VOMA	341	ADDE	R		N IN PAR	RT 1(0)	PERF	AUTOPS ORMED?
	CONTRIBUTING EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)		SCRIBE HOW INJURY OC	CURRED	. (Enter noture of	injury in	Port I ar Pa	rt II of item I	в.)				
WEDICAL 20c.	Hour o. m. p. m.	Y Manth, Day, Yo	ear 20d. I While of wo	Not while_	20e. PLA foct	CE OF INJURY (H ory, street, office	ome, form bldg., etc	n, 20f. (Cit	y ar town)		(	County)		(Sto
		it (I) ( <del>this hospite</del> sed alive an <u>D</u>	200	ded the deceased f		APR.		48 , .ta	DEC.	Zes and				(we) la
	SIGNATURE	John 7.x	John	oper MO		ATTENDING	М	ED.	STAFF PHYS.			12		2b. DATE
220	NAME (Type)	John F. So	chaef	er, M. D.		22d. ADDRES 401 R	ss andon	n Rd.	Balto	. 2	9, M	d.		
RE	IRIAL, CREMATIC MOVAL (Specify)		OF	Parsons Ce				_	TION (City, 1		t Vi	røir	(Sto	ate)
EVA	m. g.	CERC	YES	ADDRESS	m		25a. REC'	D BY REGIS		REGIS	TRAR'S SI	GNATU	IRE	

ne funeral director, 2 should be filed with ofter death. Page

TO HOSPITAL

MAY be retained by the hospital are attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Poges 1 and 2 the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hayrs after death.

VR A15 (4) 15M 9/59

Secretal 1978 of the wall particle ground chronics And I was a second Please of the second of the second of N. I. S. J. Bernell Land Control of the second control of the second decision that was to property and all the correct that had been been at the control of the beauty of the control of the contro and the control of the second The state of the s A SECTION OF THE PROPERTY OF T DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

13609

13583

	1. PLACE OF DEATH a. COUNTY Baltimore		LAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Virginia Westmoreland										
1	b. CITY OR TOWN (IF	outside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
	Fort How	ard, Maryl		Colonial Beach 83X-3										
	d. NAME OF HOSPITA	d. STREET ADDRESS e. IS RESID												
	Veterans	208 Mimosa Avenue												
	3. NAME OF	NAME OF First Middle DECEASED						4. DATE OF	Mor	th	Do	y `	rear .	
1	(Type ar print)	JOHN		ERNEST		SMALLI	NG	DEATH	Decem	per	9		1960	
	S. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRI	ED   8.	DATE OF BIRTH			9. AGE (In years lost birthday)	IF UNDE Months				
1	Male	White	WIDOW	ED DIVORCE		fanuary	28,19	00	60 yrs.	Months	Days	Hours	Min.	
	10a. USUAL OCCUPATIO	N (Give kind of wark ing life, even if retired	dane 10b.	KIND OF BUSINESS O	R INDUST	RY 11. BIRTHPLA	CE (Stote o	or foreign co	untry)	12.CI	TIZEN OF	WHATC	OUNTRY?	
1	Manager	ing ine, even il reilred	'	Hotel		Sulli	van C	o. Ter	messee	T	J. S.	Α.		
ı	13. FATHER'S NAME					14. MOTHER'S			2200000			48.0		
1	John E. Sm	alling				Floren	ce Or	a Smit	:h					
ŀ	IS. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	. 17, INF	ORMANT			Add	ress				
	Yes, no, or unknown) Yes	If yes, give war or dates of s		167-20-1586	VA VA	nical R Hospita	ecord 1.Bal	s timore	18,Mar	rland	L,Ft.	Howa	rd Di	
	18. CAUSE OF DEA	18. CAUSE OF DEATH [Enter anly one cause per line far (a), (b), and (c).]										INTERVAL BETWEEN		
ı	PART I. DEAT	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SEPTICEMIA												
	053.1	053,/ DUE TO STAPHYLOCOCCUS AUREUS								5	5 DAYS			
	Conditions, if ony, which ) (b)													
		gove rise to immediate Couse (a), stating the under DUE TO												
1	lying cause lost.													
	PART II. OTH	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?												
7	3 Psoas Abs	cesses, Bi	later	al. Tuberc	ulosi	s of Sp	ine.	L-4 L-	-5, Activ	re.		YES NO		
	PART II. OTH PSORS Absi 200. ACCIDENTING OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED.	(Enter noture of	injury in P	ort I or Part	II of item 18.)	216				
		Month, Day, Ye	or 304 I	NJURY OCCURRED	20- PLA	E OF INJURY (H	lame form	206 (Ciby	an dawal		(County)		(Stote)	
1	20c. TIME OF INJURY Hour a. m.	19	While	Not while		ory, street, office			or rown)		(County)		(Slole)	
1	₹ p. m.	19	of wor	rk at work			F-2-0-2		M					
1	21. I certify that	t (I) (this haspital	) attend	ded the deceased	fram	May 10	191		ecember					
ı	saw the deceas	ed alive an De	cembe	r 91960 , and	that de	ath accurred	at A	M, from	the causes ar	d an th	ne date	stated	abave.	
J	220 SIGNATURE	.100	7	20		ATTENDING							DATE SIGNED	
1	reder	rck U-	160	rolden	M	D. PHYS.		ECTOR -	STAFF PHYS. CK			1/9/	60	
1	22c. PHYSICIAN'S NAME (Type)					22d. ADDRE						, , ,		
ı	FREDERICK	S. DONALDS	SON,	M.D.		VAH,	Balti	more 1	18, Md. FOR	RT Ho	ward	Div	isio	
f	23a. BURIAL, CREMATION			23c. NAME OF CEM	ETERY OR				ION (City, town,			(State		
	REMOVAL (Specify) Removal	Dec. 13/	60	Arlington	n Nat	ional	2	Arl	ington	Nat	ion	0 0	em.	
	24. FUNERAL DIRECTOR'S	SIGNATURE	0.	ADDRESS V	Vash	. D. C.	25o. REC'D	BY REGISTI		STRAR'S	IGNATU	RE		
	marting m	) Trysong	. 60	1300 - N	80. N	·W·	DATE DE	C 1 2 '6	0 0	71	0 4	. 4		

Hysone Funeral Home, 1300 N Street, N.W., Washington, D.C.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban pages 1 and 2 shauld be filled with the State Board of Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death. er death. Page 4 ITENDING PHYSICIAN: The law requires that the death certificate be executed TO HOSPITAL VR A15 (4) 15M 9/59

Dec.13/60

Arlington Mational Cem.

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13610 CERTIFICATE OF DEATH Reg. Dist. No. director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. CQUNJY a. STATE filed MARYLAND Baltimore **larvland** funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest town) should Baltimore Lutherville d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION N College Manor Nursing Home W. University Pkwy 9 and .⊆ NAME OF 4. DATE First Middle Month filled DECEASED Winthrop Smi th DEATH (Type or print) Wilev Dec. 21. Pages 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH lost birthday) Months DIVORCED | White WIDOWED | Male yrs. papers. a 10a. USUAL OCCUPATION (Give kind of work done during most af warking life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (State or foreign country) death. Self South Carolina pup Dentist carban after 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME g physician remave cark William Milton Smith Anh Spralls haurs 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address 77 Mrs. Helen F. Smith-819 W. University Parkway attending please within 18. CAUSE OF DEATH [Enter only one couse per line for (o)/(b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gned gove rise to immediate DUE TO couse (o), stoting the underlying cause lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUTOPSY 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II af item 18.) certificate (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, 20f. (City ar town) 20c. TIME OF INJURY Manth. 20d. INJURY OCCURRED Day, Year foctory, street, office bldg., etc.) WEDI Hour o. m. While Not while at wark of work 1904hat I last saw the deceased 21. I certify that attended the deceased fram M, fram the causes and an the date stated abave. and that death accurred at detach TO FUNERAL DIRECTOR

VS A15 (4) 15M 9/58

be

3 should

page

**ACTUAL** 

SIGNATUR

PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) Baltimore, Maryland Druid Ridge 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

e. IS RESIDENCE

1960

U.S.A.

(County)

ADDRESS (Street, city or town, stote)

Doys

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO N

> > (Stote)

DATE SIGNED

ON A FARM?

YES NO

Year

Prancisco Breakings 0 tall 1 The same was the contract of the same was and dillien of Maghe E . Suffer a con Parallere L. 175

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

13611 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) b. COUNTY MARYLAND b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) 1,4TONS d. NAME OF HOSPITAL (If not in haspital, give street address) ON A FARM? YES NO WELL 4. DATE OF DEATH Year DECEASED FRED ERICKA (Type or print) 19 60 IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In years last birthday) 7. MARRIED NEVER MARRIED Months TI = WIDOWED DIVORCED T 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast af warking life, even if retired) DOWESTIC MARVLAND HOUSEWIFE 13. FATHER'S NAME HMEL 15. WAS DECEASED EVER IN U/S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ROCKWELL AUG FREd. SCRENSEW NONE NONE 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATI YES W NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) (State) (County) factory, street, affice bldg., etc.) Haur a.m. Nat while While at wark at wark Ole 23. 1960, that (1) (we) lost 21. I certify that (I) (this hospital) attended the deceased from. 22 1960, and that death occurred at £3M, from the couses and on the date stated above. sow the deceased alive on role. 22b. DATE

director,

2

physici

the attending

please

Pages

filed

22c. PHYSICIAN'S

M.D. PHYS. 22d. ADDRESS

MED. 1709 Educonson and

23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)

23c. NAME OF CEMETERY OR CREMATORY LUYDON PAR

ITUWE ADDRESS

DATE DEC 27

arthur & Kings

page 3 sh the State E

The state of the s				
ever May ST President				
			The Hole Addresses	
Fall Main Again Device Service Service			1.	200
19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2012			
		1		
All the state of the state of the state of				
A STATE OF THE STA				
		907.7	C. Dieno Die	

	1	•	
rithin 24 haurs ofter death: Page 4	ely filled in by the funeral director, Pages 1 and 2 should be filed with	(M) 0	(A)
TO HOSPITAL OF ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director.  To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director.  Togs 3 should be detached for use as the burial-transit permit. Then please remove-carbon papers. Pages 1 and 2 should be filled with	, or removal, and in any event within 72 hours ofter death.	1
TO HOSPITAL OF ATTENDING PHYSIC	TO FUNERAL DIRECTOR: After this certification of the poge 3 should be detoched for use os	the registrar priar to burial, cremotion	000

	MARYLA 13612	AND STATE DEPA CERTI	RTMENT OF F		LTIMORE, 1	Reg. Dist. No	. 13588
1. PLACE OF DEATH o. COUNTY	altimore	MARY	CTATE .	DENCE (Where deced			ore admission)
b. CITY OR TOWN RURAL ond give r	(If outside corporate limits, neares) town)	write c. LENGTH OF STAY  Z Month		TOWN (If outside con	porate limits, write f	RURAL and give no	earest town)
d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in haspital, give	e street oddress)	d. STREET / 3406	39th P	(,		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Florence	e Amy	5/1	ST OF DEA	1 -	nth D	8 1960
5. SEX	111	MARRIED NEVER MARRIE	- 1 1	· 71	9. AGE (In years lost birthday) 9. Yrs.	Months Doys	R IF UNDER 24 HRS. Hours Min.
	rking life even if retired)	ne 10b. KIND OF BUSINESS O	R INDUSTRY 11. BIRTHP	LACE (Stole or foreign	country)	12. CITIZEN	OF WHAT COUNTRY
13. FATHER'S NAME	& Sutton	W	14. MOTHER'S	Rubwar NAME	/	0	
15. WAS DECEASED EV (Yes. 100; or Junknown)	ER IN U. S. ARMED FORCE III yes, give wor or dates of serv	ES? 16. SOCIAL SECURITY NO	Spining	Grove 97	ate Nosp	dress Re	eoits
Canditions, if a gave rise to cause (a), stating lying cause last.	the under-	Arterios clero	sis				ISET AND DEATH
20g. ACCIDENT W	/AS UNDERLYING 2	Ob. DESCRIBE HOW INJURY O				VEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES // NO
20c. TIME OF INJU Hour o. m.	Y MEDICAL EXAMINER) RY Month, Doy, Year 19	20d. INJURY OCCURRED While Not while of work 0 of work	20e. PLACE OF INJURY factory, street, office		City or town)	(County	(State)
21. I certify to alive on 12.	hot I attended the c 2 - 18 - Stella M		deoth occurred of	ADDRESS	om the couses (Street, city or town,	ond on the de	saw the decease ote stated above DATE SIGNE 12-19-60
	Stella Wachs		Caton  ETERY OR CREMATORY	sville 28	Maryland		(State)
REMOVAL Specify 23. FUNERAL DIRECTOR	12/20/6	10 41	waln	24g, REC'D BY REG	nce Seo	ISTRAR'S SIGNATU	Md.
12/ Henre	o Co.	Wash. N	00	DATE DEC 2 1	100	when S. Kin	

	MIDLED STATE OF	DATYRAM T	
	42607932		
			When the same
THE PERSON NAMED IN			
All and the second second			

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

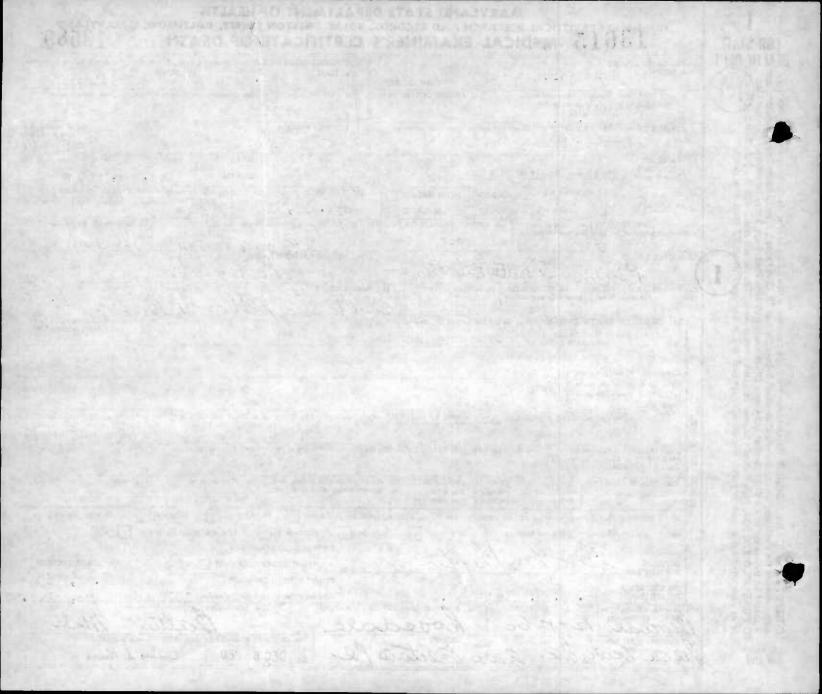
MORE 18	IN CEREALING BALE	NO STATE DEPARTME	MARYLAN	
	TE OF DEATH	CERTIFICA	EIREI	
				Mary to Dally
The Branch of the Control		in the same of the same of the		
				2.00
		I Demonstration in		
	The result from the			Mar Col Will
	THERE		GUARANT TA	
				DKI (1986) BKS to bon 3 (8)
				D I derly be
				10000

1 40.	1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4 051		13614 Tem 7 FilmG278 1-3-61 et CERTIFICATE OF DEATH Reg. Dist. No. 1358
Pog Pog		PLACE OF DEATH a. COUNTY Ball to MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY b. COUNTY b. COUNTY
Jeath.		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give rearest town)
z should		d. NAME OF HOSPITAL (If not in haspital, give street address)  OR INSTITUTION  e. IS RESIDENCE ON A FARM?
in by	3.	NAME OF First / Middle / Last / 4. DATE Month/ Day Year
ithin 24 sly filled Pages 1		(Type or print) Uohn Talbott DEATH Jecember 23, 1961
d with	5.	SEX  6. COLOR OR BACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED NOT DIVORCED MARRIED NOT DIVORCED MARRIED MAR
d comp	100	USUAL OCCUPATION (Give kind of work dane during mast of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY 17 BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY 17 BIRTHPLACE (State or foreign country)
cian and corban s affected	13.	FATHER'S NAME, 14. MOTHER'S MAIDEN NAME
ng physics remave	1S.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT S. no. of Alygown   Ilf year-give war or dates of service)   Address   Tarkton Mar.   Tarkton Mar.
death trendii please vithin	F	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  INTERVAL BETWEEN ONSET AND DEATH
the at he at		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  DUE TO
d by that mit. T		Canditions, it any, which) (b) Wenny - Selenasso 10 Mrs
signe sit per nd in c		gave rise to immediate cause (a), stating the <u>under.</u> DUE TO  lying cause last.  (c)
law raysicid	TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
AN: The nding pt cate has he buria ar remain	CERTIFICATION	YES NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.)
PHYSICI, of ar atternis certification, seemation,	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m.  p. m.  19  20d. INJURY OCCURRED While Not while at wark
bing labeled haspited After the far trial, cre		21. I certify that I attended the deceased from 19 50 alle 23, 1969 that I last saw the deceased
ATTEN by the TOR: detacl ta but		alive an Luc 22, 19 40, and that death accurred at //, fam the causes and an the date stated above
DIRECT DIRECT PRIOR PRI		SIGNATURE Photos 13 mm M.D. VV hITe / ta//, Md-12/26/
		PHYSICIAN'S MILNER BOTTNER
D HOSPITAL may be reto FUNERAL page 3 shau the registrar	720	BURIAL, CREMATION, 226. DATE THEREOF TO NAME OF CEMETERY OF CREMATORY 22d. LOCATION (Gity, town, or county) (State)
2 E 2 0 = (	23/	FUNERAL DIRECTOR'S SIGNATURE ADDRESS A
15M 9/58	1	Lacol Sollen Can, pur Treedom, ADATEDEC 30'60

		DOMESTICATE OVER	3440/14 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
2730	HIA 60 ROUT ADMIN		ARBEI	
Charles No. 13				
			CRICK COLONIA	
指面海 海路上上 计算量分析				
PARTY TO THE MANY AND ASSESSED.				
			and the second second	
	CELL CONTRACTOR			
The second secon	POTENTIAL AND			
		3		
	The state of the s			
	4.45	100	CAR BUILDING TO	
	F 17 17 17 17 17 17 17 17 17 17 17 17 17			
	1 - 1 - 1/2	354-1 3		
				*
	alanda Maria			

### Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH necessary, actor. Page a. COUNTY Baltimore a. STATE b. COUNTY Hd. Baltimore files. MARYLAND Heal c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporele limits, write RURAL end give neerest town) b. CITY OR TOWN (if outside corporate limits. director. write RURAL end give neerest town) for your Catonsville d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) ON A FARM? Hunnery Lane Nunnery Lane may be retained 2 with the State YES NO! and 3 to the funer death. DATE 3. NAME OF Middle Month OF DECEASED Mathan Louis Teitelbaum DEATH Dec . 4.1960 19 (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH 5. SEX Page 5 m. Tand 2 w. last birthday) Months Male WIDOWED T DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) in pencil in Item 18. Give Pages 1, 2 Office along with form PM3. Page dona during most of working life, evan if retirad) pages 1 white 7 Grocer 13. FATHER'S NAME 14. MOTHER'S MATDEN File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17 Address (Yes, no, or unkown) | (If yas giva war or datas of service) Sermif. any EDICAL EXAMINER: This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN Office along v burial-fransit p moval, and in ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary Thrombosis IMMEDIATE CAUSE (e) DUE TO removal, Conditions, if any, which "pending" gave rise to immedieta ceuse Examiner's ( DUE TO (a), stating the underlying cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 8 execute the certificate, writing the word NO Medical should 2De. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of Injury in Part I or Part II of itam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. age 3 should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, | 2Df. (City or lown) (County) (Slele) 2Dc. TIME OF INJURY Month, Day, Year factory, streat, offica bldg., etc.) Not While While Hour a.m. at work et work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Suicide Homicide Undetermined manner death resulted from: Accident Natural causes CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER TO DEPUTY EXAMINER'S Geo. S. M. Kleffer NAME (Type) Address (Streat, city, town, or county) 1,010 Treeds Ave. 22d. LOCATION (City, town, or country) URIAL, CREMATION, 9959 22b. DATE THEREO EMOVAL (Specify 40 0 wuse 24b. REGISTRAR'S SIGNATUR 24a. REC'D BY REGISTRAR I VS. A15ME arthur S. Kraus

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTA

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W.

CERTIFICATE OF

MARYLAND STATE DEPARTMENT OF HEALTH
ICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
(CERTIFICATE OF DEATH
13590

n	1. PLACE OF DEATH	I				2. USUAL RESIDEN	CE (Where de			ence before admission)
a a	)	timore		MARY	LAND	e. STATE Mary	rland	b. COUN	Anne Ar	undel
1		if outside corporate limi	ls,	c. LENGTH OF STA		c. CITY OR TOWN (	If outsida corpo	orata limits, write	RURAL and give	e nearest town)
	Fort Howe	give nearest townlard, Marylar	nd	2 days	S	Glen Bu	rnie		U	260-2
		TAL OR INSTITUTION (				d. STREET ADDRESS				. IS RESIDENCE
4		Administra				1007	Crain H	ighway,	S.E.	YES NO
	3. NAME OF DECEASED	First		Middle		Last	4. DATE	Month	De	y Year
	(Type or print)	PAUL		C		TEPPER	DEATH	Decemb	er 30	19 60
	5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIE	D   B.	DATE OF BIRTH	9.	AGE (In yeers   lest_birthdey)		
	Male	White	WIDOWI	DIVORCE		oct. 14, 188	38	72 yrs.	Months Deys	Hours Min.
	done during most of we	rking life, even if retire	d)	IND OF BUSINESS OR		Germany	nty & Stete, or i	foreign country)	12. CITIZEN U.S.	OF WHAT COUNTRY?
	13. FATHER'S NAME		P	ablic School	OTS	14. MOTHER'S MAIDEN	NAME		1 0.0.	ar.
	August 1	Pepper								
	15. WAS DECEASED EV		CES?   16.	SOCIAL SECURITY N	O.   17. III	Auguste		and cAddress		
	(Yes, no, or unkown) (		ervice)	20-36-0017	1	Baltimore I			RD DIVI	STON
		DEATH [Enter only one				Daloimore .	LO Ma-P	OILL HOWA		NTERVAL BETWEEN
						EFT ANTERIO	ם חדיכום	NIDTNO DI	DANCH	2 MONTHS
	430		AND	RIGHT CORC	TON	EFI ANIEKTO	n Deoug	MDTMG D	TAIVOR	UNKNOWN
		3000				ONC				2 MONTHS
9	Conditions, if any	tata annua l		ARDIAL INF		ONS				UNKNOWN -
	(a), steting the c	> 1000 Y	BRON	CHOPNEUMON	ALI					4 DAYS
П	ceuse lest.	) (c)		IFIC AORTI	the state of the last of					UNKNOWN
	PART II. OTHE	R SIGNIFICANT CONDI	TIONS COI	NTRIBUTING TO DEAT	H BUT NOT	RELATED TO THE TERMI	NAL DISEASE C	CONDITION GIV	EN IN PART 1(e)	19. WAS AUTOPSY PERFORMED?
Н	ICA1									YES NO
	OR CONTRIBUTING	AS UNDERLYING DEATH MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY	OCCURED.	(Entar neture of injury in	Part I or Pert II	of item 18.)		
)			1 204	INJURY OCCURRED	20- PLAC	E OF INJURY (Home, ferr	m, ' 20f. (City	or town)	(County)	(State)
	20c. TIME OF INJU Hour a.m.	19	While two	eNot While		y, street, office bldg., etc		01 10411)	(001117)	(31010)
	21. I certify	hat (this hospi	tal) atten	ded the decease	d from	Dec. 28	19560 to.	Dec. 30	19.60	that (1) (we) last
		sed alive onD		0 1960 a	nd that	death occured at	A.M. from	the causes		
	22a. SIGNATURE	al.	-1	01						22b. DATE
		Ciroun	1.4	RUK	M.I	DUINE T	MED. DIRECTOR	STAFF PHYS.		SIGNED
	22c. PHYSICIAN'S NAME (Type					22d. ADDRESS				
	NAME (Type	ARTHUR T.	FAUL	K, M.D.		VAH, Fort	Howard	i, Md.		
	23a. BURIAL, CREMAT		REOF	23c. NAME OF C	EMETERY C	R CREMATORY	23d. Leg	Hrist "Ris	Ter county)	(State)
	Burial (Specify	1/2/61	(	Glen Haven	Memo	rial Park, I	nc. Cr	ain High	way M	laryland
	24 FUNERAL DIRECTS	TENGUELLE	421		hway		C'D BY REGIST	RAR 25b. REC	GISTRAR'S SIGN	ATURE
)i	Hopping a	nd Kirkley	Gl	en Burnie	Mary	rland DAIAN	4 '61	arth	ur S. Kroun	8

TO HOSPITA, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with 24 hours after a death. Page 4 may be retained by the hospital or attending physician.

To funeral DIRECTOR: After this certificate has been signed by the attending physician or dompletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should so the state Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 15M 9/60

War daller					
	of the second		THE REST LAND		ALC: CALL
	A TOTAL SERVICE OF THE TATE OF THE PARTY OF				
• • •	British Charles and the Charles of				Children of Fe
		The Part of the Land	TO A CHARLES TO STREET		
	alette	73 200			
v -a 4			ELUCIES CALE		orban,
				The Land Constitution	I Jakes
			and the same of the same		
The state of the s			AND THE ART AND THE		
INVESTIGATION OF THE PROPERTY		201	MENUSOSIA		
		O TOTAL STATE			
DEDWINE .		STADUS		LAUTED	
	The state of the state of	1200			
	Penns Wit Hall William			1 0251 1960 -035	
	v. Martinorios	er, may		MA THUE	
	v. (4 viermod sys) una skied				

Business pair in the contract of the contract

TO HOSPITAL

VR A1S (4) 1SM 9/59

MARYLAND	STATE	DEPA	RTMENT	OF	HEAL'	TH
SION OF STATISTICAL	RESEARCH	AND RE	CORDS — E	ALTIM	ORE 1, /	MARYLAND

13618 **CERTIFICATE OF DEATH** 

1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where decease a. STATE	ed lived. If institution: Residence b. COUNTY	e before admission)
Baltimore	MARYLAND	Maryland		imore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp	porote limits, write RURAL and g	ive nearest town)
Fort Howard, Maryland	4 days	Baltimore -1	7 3/4	3/4
d. NAME OF HOSPITAL (If not in hospital, give street add OR INSTITUTION	dress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Veterans Administration H	ospital	1838 Druid Hi	ll Ave.	YES NO X
3. NAME OF First	Middle	Last 4. DATE	Month	Day Yeor
(Type or print) OSBORNE	L.	THOMPSON DEAT	December	24 1960
	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UNDER	YEAR IF UNDER 24 HRS.
Male Colored WIDOWED	DIVORCED	August 22, 1894	last birthday) Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIN	ND OF BUSINESS OR INDU		country) 12. CITIZ	EN OF WHAT COUNTRY?
during most of working life, even if retired)  Cook  Pr	ivate Family	Centreville, M	are land	S.A.
13. FATHER'S NAME	TACCO I CONTINUE	14. MOTHER'S MAIDEN NAME	ALY LUMB   OF	D 132 9
Lloyd Thompson		Elsa Chase		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO	CIAL SECURITY NO. 17. II	NFORMANT Clinical Re	Address	
(Yes, no, or unknown) (If yes, give war or dates of service)	-21:-3395 V	AH, Baltimore 18,		Division
18. CAUSE OF DEATH [Enter only one cause per line to		Darumore 10	TOT I HOWAIT	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:				ONSET AND DEATH
IMMEDIATE CAUSE (6) UR.	EMTA			Unknown
700				Unknown
gove rise to immediate	PHROSCLEROSTS	3		Olikibwii
couse (o), stoting the <u>under-</u> lying couse lost.				
, 19	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART	1(a) 19 WAS AUTOPSY
181	THE DETAILS OF	THO I REGILLS TO THE TERMINAL DISE.	SE CONDITION ON EIN IN THE	PERFORMED?
Cysts of the Liver 200. ACCIDENT WAS UNDERLYING   20b. DESCRI	BE HOW INTERV OCCUPE	D. (Enter noture of injury in Port 1 or P	art 11 of item 18.)	123 LA NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DE TION MAJORY OCCORRE	b. (ciner notice of injury in roll vol.		
	t-	ACE OF INJURY (Hame, form, 20f. (C ctary, street, office bldg., etc.)	ty or town) (C	ounty) (Stote)
Hour o. m. While of work		ciary, sireer, office orage, etc.,		
21. I certify that (X) (this haspital) attended	the deceased from	Dec. 27 1960 to	Dec. 21, 1960	that XII (we) last
saw the deceased alive on Dec. 24	19 60 and that	teath occurred at P M from	the causes and an the	date stated above
220. SIGNATORE	201 2 2 14	dean occorred di	The causes and an me	22b. DATE
Familiace D.	Marcu	M.D. PHYS. DIRECTOR [	STAFF PHYS. [X]	1/25/60 SIGNED
22c PHYSICIAN'S NAME (Type)		22d. ADDRESS		1-11-00
	CUS. M.D.	VAH, Fort Howa	rd. Md.	
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C		ATION (City, town, or county)	(State)
REMOVAL (Specify) BITETAT.  Doc. 28-60	Ebenezer Cer	net env	tresville Men	w] and
	4 WoresAll Sair			NATURE
	rederick. Man	dda: a	'61 Cullun 8.	Kraus
Lamberton Harring June 1	react Toy Man	y Tank		

	Via more than			
	I will make the bear state of the		Market Williams	
	data and Section and the			
A LANGUET	restroi villantisi .	Miles and the		
			The state of the state of the	
THE STATE OF	The state of the s			
	* *			
STATE OF THE STATE OF				
			72	
The Fort	- Livey max			S.L. 110

# FOR STATE

HEALTH DEPT

TO DEPUTA CEDICAL EXAMINER: This certificate should be executed within 24 hours after feath. If any decreasery, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and Prowhelfune director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be refained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. 5M 7/59

VS. A15ME

# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13591

•		PLACE OF DEATH							esidence before edmission)
			BALTTMORE		MARYLAND	a. STATE Marv		b. COUNTY	DEODD V
		b. CITY OR TOWN (if		mits,	c. LENGTH OF STAY IN 1		(If outside corporate lin		RFORD     give neerest town)
		and the same of th		77.0 77		Fdaa	boom	12 V	-2
		d. NAME OF HOSPIT	AL OR INSTITUTION	(if not in hosp	oitet, give street address)	d. STREET ADDRESS	wood		. IS RESIDENCE
		U.S.	Route #	40		Done	M DI-		YES NO TO
1		NAME OF	Fir	rsl	Middle	Last	r Tr. Pk.	Month	Dey Yeer
		DECEASED (Type or print)	WILL	TAM	Henry	THOMPSON	OF DEATH	Dagamban	28 19 60
	5.	SEX			NEVER MARRIED	9 DATE OF BIRTH		December In years   IF UNDER 1	
		Male	White	WIDOWED		Oct. 22, 1	912 48	In years IF UNDER 1 rthdey) Months [	Deys Hours Min.
		. USUAL OCCUPATI			ND OF BUSINESS OR INDUS	TRY   11. BIRTHPLACE (Steta	or foreign country)	12. CITI	ZEN OF WHAT COUNTRY?
	gor	re during most of wor	ceper		vil Servic	e Slate Hi	77 Dann	U.	S.A.
	13.	FATHER'S NAME	Todor		LATE SOLATO	14. MOTHER'S MAIDEN		c. e	1 1
		Elwood	I Thomps	on		Pearl We	il	,	
		WAS DECEASED EVE	R IN U.S. ARMED FO	ORCES?   16. S	SOCIAL SECURITY NO. 17	INFORMAN WITE	+	AddBox 13	7
	(Ye	No (If	yes give war or deles o	of service)		Evelyn Dufi			
	1		EATH [Enter only o		ne for (e), (b), and (c).]				INTERVAL BETWEEN
		PART I. DEATH	WAS CAUSED BY	Arter	riosclerotic	Cardiovascula	r Disease		ONSET AND DEATH
		400	1		20002010020	our arovasoura	TOTOCODO		
		Conditions, if any,	which >		ary Occlusion	n .			
		geve rise to immedia	ete causa		ary cocrusto.	1A •			
		(a), stating the un	dariying	c)					Fig. 1 Health dis
9	Z				TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE CONDIT	ION GIVEN IN PART	1(e) 19. WAS AUTOPSY
	ATIO								PERFORMED?
	CERTIFICATION	20e. EXTERNAL CA	USE WAS	20b. DESCRIE	BE HOW INJURY OCCURED	. (Enter natura of injury in Pe	rt I or Part II of item 18	.)	ILS [] NO [A
	-	PRIMARY Or COL CAUSE OF DEATH.							
	MEDICAL	20c. TIME OF INJUI	RY Month, Dey, 1	Year   20d. II While		LACE OF INJURY (Home, fer actory, street, office bldg., etc.		n) (Cour	ity) (Stata)
	MEE	p.m.	19	at work					
		21. I certify the	at I took charge	of the rema	ains described above,	held an Autopsy,	Inspection X,	Inquiry ,	and in my opinion
3		death resulted for	om: Natural	causes	Accident . Su	icide 🔲, Homicide	, Undelerm	ined manner	
			1.1-	115	~	CHIEF MEDICAL	-		
	- 1	ACTUAL SIGNATURE	Ulleril	Gual		M.D. ASSISTANT MEI	DICAL EXAMINER		DATE SIGNED
		FYRMINEDIC			0	DEPUTY MEDICA	L EXAMINER	Decemb	er 29, 1960
		NAME (Type)			t, Jr., M.D.		city, town, or county)		
	22a	REMOVAL (Specify)	N, 226. DATE THE	REOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (C	ity, town, or country)	(State)
		Burial	12/31	/1960	Bel Air Me			ir, Har	f.co. Nid.
1	23.	FUNERAL DIRECTOR		W P-	ADDRESS		C'D BY REGISTRAR 2		, , ,
1	Ju	why wy time	~	pel A	padway & a	illiams DATE J	IN 4 '61	Circling S.	Kraue
-				(A.M.)			THE PERSON NAMED IN		

The party and Delegation . . . . and are reserved Money - white SA NUEL . S. . COD LE - PORTE Louis believe this convict convict this, senne. at , accept - coss we are a second to the cost . venue, hi can concern than others force merch and the , no feet test very one? will see There is the same of the same Cerrented of Labor AND THE COURT OF THE CONTROL OF THE COURT OF The color and the color of the

## FOR STATE HEALTH DEPT.

TO DEPUTY ZEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any despensary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the fune a director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form DWR Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. For pages, and 2 with the State Board of Medith, or its designated agent, prior to burial, cremation, or removal, and in any event their 2 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH	
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BA	
1361 MEDICAL EXAMINER'S CERTIFICATE OF DEA	ATH $13593$

1.			2. USUAL RESIDE	NCE (Where dece	sad livad, If instituti	on: Residenc	a before admission)
	SEARCE OF DEATH   S. COUNTY   Baltimore   S. TATE MARYLAND   S. STATE MARYLAND   S. COUNTY   Baltimore   S. STATE MARYLAND   S. COUNTY   Baltimore   S. STATE MARYLAND   S. COUNTY   Baltimore   S. STATE MARYLAND   S. STATE MARYLAND   S. COUNTY   Baltimore   S. STATE MARYLAND   S. STATE MARYLAND   S. COUNTY   Baltimore   S. STATE MARYLAND   S. STATE MARYLAND   S. COUNTY   Baltimore   S. STATE MARYLAND   S. STATE ADDRESS   S. COUNTY   S. STATE MARYLAND   S. STATE ADDRESS   S. STAT						
	write RURAL end give nearest lown)		1		ta limits, writa RURA	L and give n	eltimore  d give nearest town)    e. IS RESIDENCE ON A FARM? YES   NO     Day Year   13 1960    YEAR   IF UNDER 24 HRS.   Hours   Min.   IZEN OF WHAT COUNTRY?   U.S.A.    INTERVAL BETWEEN ONSET AND DEATH   COURTY     INTERVAL BETWEEN ONSET AND DEATH
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, gir	ve street address)	d. STREET ADDRES	S			
			303	Colonial	Court		ive nearest town)    e. IS RESIDENCE ON A FARM? YES NO NO FARM? YES NO NO NO FARM? YES NO NO FARM? WITH NO FER AND DEATH ON SET AND DEATH ON S
3.	DECEASED	Middla	Last		Month	Day	Year
	(Type or print) Oswald		Townsend		Decemb	er 1	3 1960
5.	SEX 6. COLOR OR RACE 7. MARRIED N	EVER MARRIED   8	. DATE OF BIRTH	9. A			
	male   white   widowed	DIVORCED _	Aug. 22, 1	1897   63		as Days	Hours Min.
108	a. USUAL OCCUPATION (Give kind of work	BUSINESS OR INDUSTR	Y   11. BIRTHPLACE (Sta	te or foreign country	y)   12.	CITIZEN OF	WHAT COUNTRY?
	- Ship B	uilding	Staten 3	Island, N	lew York	U.	S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDE	EN NAME			
	William S. Townsend		Lillian N	4. Walter	s		e. IS RESIDENCE ON A FARM? YES \( \) NO \( \) Year  5
		SECURITY NO. 17. I	NFORMANT		Address		
110	212-0	7-4339 Ann	nie Laurie	Townsend	,303 Col	onial	Court,
		a), (b), and (c).] .		9		INTE	RVAL BETWEEN
		2022	VJ (1	20/11	Siene		SEI AND DEATH
	The state of the s		1	- /			
		and will	Lun .	//		7	711111:
	gave rise to immediate cause	100	- Comp	grown	/	-	Just
	(a), staring the underlying		,	/			
Z	(6)	NG TO DEATH BUT NO	T RELATED TO THE TERA	MINAL DISEASE COI	NDITION GIVEN IN F	PART 1(a)   19	. WAS AUTOPSY
ATTO						V	
THE		V INJURY OCCURED. (E	inter nature of injury in F	Part I or Part II of ita	m 18.)		2
Ö							
CAL					town)	(County)	(Stata)
MEDI	at work a	1. 44 11444	ory, sireer, office bidg.,	1			
	21. I certify that I took charge of the remains d	escribed above, he	ld an Autopsy ,	Inspection	. Inquiry	, and i	in my opinion
	death resulted from: Natural causes Ac	cident . Suici	ide . Homicid	e , Undet	ermined manner		
	1/2/		CHIEF MEDICA	L EXAMINER			
	ACTUAL ALLO THE	27 Grens	M THATSISSA VO	EDICAL EXAMINER	П	D	AE SIGNED
	SIGNATURE	0	DEPUTY MEDIC	CAL EXAMINER		12/1	2//
	EXAMINER'S Dayles To	1 bren	Address (Stree	t, city, town, or cou	nty)	//	O. IS RESIDENCE ON A FARM? YES   NO   ON A FARM? YES   MID. NOF WHAT COUNTRY? J. S. A.    Court,   INTERVAL BETWEEN ONSET AND DEATH ONSET
228		AME OF CEMETERY OR	CREMATORY	22d. LOCATION	N (City, town, or cou	inter)	(State)
	BURIAL 12-15-60 Dr	uid Ridge	Cemetery	Pike	sville.Me	d	0.00
23		DDRESS	24a, R		1 24b. REGISTRAR		RE
Wn	m. Cook-Towson, Inc., 1050 Yor	k Road, Tow	son 4 DATE		- Country	de. Mai	A.C.

Ten so the the the ten Bull wanties warmed acombaine make Cycle | were | were of the mes | the bary | 22, 1897 | 55 . A.D.J : wared wait , model notation Service South South BERRACT Lorential III selfille. Siliem . Postspend SIGNATURES And Louis - Compania, Bot Caloning Moure, TURIAL C 12-13-50 C DOCKER RIAL WOODS CONTROL The Bank Broke Tellong, Local, 1090 Tork Rold, Torken Ma

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
13620	CERTIFICATE	OF	DEATH	

DECEASE OF INJUSTIFY AND IN STEWART CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 100 195. WAS AUTOPSY PERFORMED?  200. ACCIDENT WAS UNDERLYING DUE TO A COURSED While NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 100 195. WAS AUTOPSY PERFORMED?  200. ACCIDENT WAS UNDERLYING DUE TO A COURSED WHILE NOT WAS AUTOPSY PERFORMED?  200. ACCIDENT WAS UNDERLYING DUE TO A COURSED WHILE NOT BELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 100 195. WORLD DUE TO COURSED WHILE NOT WELLOW AND IN THE RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 100 195. WAS AUTOPSY PERFORMED?  200. ACCIDENT WAS UNDERLYING DUE TO COURSE DUE TO CO		Reg. Dist. No.
STREET ADDRESS   COLOR OF ROCE   THORSE   Modified   Control of Hostituding   Control of Hosti	o. COUNTY Bal Lime or MARYLAND	o. STATE
NAME OF DEATH AS COLOR PACE 17. MARRIED NEVER MARRIED 12. DATE OF BIRTH DEATH DEATH DEATH DODY YEAR OF COUNTRY.  SEX   6. COLOR OR RACE 17. MARRIED NEVER MARRIED 12. DATE OF BIRTH   9. AGE (In year) IF UNDER YEAR	RURAL and give neorest town)	MARYLAND  MARYLAND  O. STATE  Musy fluid b. COUNTY  Saftward  Outside coprored limits, write RUPAL and give nearest town)  The country  Grand Carl  Or A SARKEY  OR WHAT COUNTRY  I.I. BIRTHACK ESTORE OR ORDITAL  I.I. MOTHER'S MANDEN NAME  I.I. MOTHER'S MANDEN NAME  OUT I. A MOTHER'S MANDEN NAME  I.I. MOTHER'S MANDEN NAME  I.I. MOTHER'S MANDEN NAME  OUT I. SARKEY  ON SET AND DESTIN  ON SET
DECEASE OF IDEATH    S. COLOR OR RACE   NARRIED   NEVER MARRIED   S. DATE OF BIRTH   S. P. AGE (in year)   S. MONTH   S.	OR INSTITUTION	
DUE TO  CONTRICTION OF CONTRICTION OF CONTRICTIONS CONTRICTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OF VEST ON ON PART 1 OF THE TO THE TOTAL OF THE TOT	(Type or print) Heel Tourse	SUBJECT   SUBJ
D. FATHER'S NAME  14. MOTHER'S MANDEN NAME  15. WAS DECEASED EVER INU. S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  17. INFORMANT  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  19. ART I. DEATH WAS CAUSED BY.  10. INTERVAL SETWEEN  11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOSYS  18. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOSYS  18. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOSYS  18. PER 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOSYS  18. PER 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOSYS  18. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOSYS  18. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOSYS  18. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOSYS  18. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOSYS  18. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1(o) 19. WAS AUTOSYS  18. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1(o) 19. WAS AUTOSYS  18. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1(o) 19. WAS AUTOSYS  18. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1(o) 19. WAS AUTO	D. COUNTY  B. COUNTY	
S. WAS DECEASED EVER INJU. S. ARMED FORCES? Id. SOCIAL SECURITY NO. IT INFORMANT Address Security in the growner or dotted discreed?    IB. CAUSE OF DEATH   Enter only one course per line for (o). (b), and (c).	Sometic Housewark	Cochegsville, Bacto Ce. SISA
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]   18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]   18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]   19. PART I. DEATH WAS CAUSED BY; IMMEDIATE CAUSE (o)	Joseph L. Tucker	amanda Maril Dorsey
D. PART OF DRATH   COUNTY   Country   Countr		
PERFORMED?  YES NO  20a. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH  If EITHER, NOTIFY MEDICAL EXAMINER;  20c. TIME OF INJURY Month, Doy, Year Hour a.m., p.m. 19  20c. TIME OF INJURY Month, Doy, Year Hour a.m., p.m. 19  21. I certify that I attended the deceased from 19  21. I certify that I attended the deceased from 19  ACTUAL SIGNATURE M.D. 19  ACTUAL SIGNATURE M.D. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION JCity, Iown, or county) (Stote)  22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION JCity, Iown, or county) (Stote)  ACTUAL SIGNATURE ADDRESS SIGNATURE ADDRESS  15  16  17  20c. TIME OF INJURY (Home, farm, factory, street, office bidg., etc.) (City or town) (County) (Stote)  20c. TIME OF INJURY (Home, farm, factory, street, office bidg., etc.) (City or town) (County) (Stote)  20c. TIME OF INJURY (Home, farm, factory, street, office bidg., etc.) (City or town) (County) (Stote)  20c. TIME OF INJURY (Home, farm, factory, street, office bidg., etc.) (City or town) (County) (Stote)  20c. TIME OF INJURY (Home, farm, factory, street, office bidg., etc.) (City or town) (County) (Stote)  20c. TIME OF INJURY (Home, farm, factory, street, office bidg., etc.) (City or town) (County) (Stote)  20c. TIME OF INJURY (Home, farm, factory, street, office bidg., etc.) (City or town) (County) (Stote)  20c. TIME OF INJURY (Home, farm, factory, street, office bidg., etc.) (City or town) (County) (Stote)  20c. TIME OF INJURY (Home, farm, factory, street, office bidg., etc.) (City or town) (County) (Stote)  20c. TIME OF INJURY (Home, farm, factory, street, office bidg., etc.) (City or town) (County) (Stote)  20c. TIME OF INJURY (Home, farm, factory, street, office bidg., etc.) (City or town) (County) (Stote)  20c. TIME OF INJURY (Home, farm, factory, street, office bidg., etc.) (City or town) (County) (Stote) (County) (Coun	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Canditions, if any, which gove rise to immediate couse (a), stoting the under:  DUE TO  Cafeuro Relevate	Them bases Interval BETWEEN ONSET AND DEATH OF THE AND DEATH of theme of the conditions of the conditi
20c. TIME OF INJURY Month, Doy, Year Hour a. m.    19		PERFORMED? YES NO
21. I certify that I attended the deceased from	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Land table of imply in tary or term to the interpretation of the i
Olive on	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 40e. Pl fo work ot work of work 19	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) octary, street, office bldg., etc.)
Po. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 22b. DA	olive on 7 Dec., 19 90, and that death  ACTUAL SIGNATURE  PHYSICIAN'S MALA TER TER TER	h occurred at
FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR'S SIGNATURE	120. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, lown, or county) (Stote)
M. V. Il Wallean for 110/1/12 CIRCLE DATE DEC 1 4 '60 arthur 8. Known	1.100 10000	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	m. V. Il halman for 1701/1/20	MULUTY DATEDEC 1 4 '60 arthur S. Known

			TALC CINA	WALL TO SERVICE
	HIARD FOR		2 03510	<b>5</b>
				The second
		Town No. of		
			100	
		The state of the s		And the state of the same of t
			E THE THINK	
		100000		
		Name of State		
		TO SECOND		
	164			
Mind Paris a supply and		F 100 F 100		THE REAL PROPERTY OF THE PROPERTY
	THE PARTY OF			
NICHOLD BEAUTY				
100 100 100				
				and the could be of the and the

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 5 96

1. NAME OF DECE	ASED Kath		Tucken		2 DATE OF DEATH	19, 1960
	EATH IN BALTIMOR		4. USUAL	RESIDENCE (Where dec	eosed lived. If institutio	
	Bellemo	e County	A4	, ,	/	1 2 the
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPITAL OR INST ADDRESS OR LOCATION)	ITUTION, GIVE STREET	1		(If outside city limi	ts, write RURAL and give township
INSTITUTION			X Bal	timone		
090 1	Percy Villa		D. STREET	ADDRESS	(If rurol,	give location)
Selection   Street address   Street ad						
emale.	CURATION (Give kind of				country)	12. CITIZEN OF
vork done during	most of working life, even		44	1 1		// C /
	ewile					u. J. H.
			14. MOTHE	R'S MAIDEN NAME		
Canan-	I Mai 11		Em	na Wimmer		
		16 SOCIAL				ADDRESS
	(If yes, give wor or date		io.		4	
no		none	Maru	garet (noc	Ren	The second of the second secon
18.			CAUSE OF DEAT	H /	25	ONSET AND DEATH
(This does n	LEADING TO DEATH of meon the mode of d asthenia, etc. It means to amplication which couse	ving e.g. (A	Degeneral (	erlerios	( ) beas cleroses	e 4-5 yea
RISE TO TH	OR CONDITIONS, IF AN	1, 0141140 -	UE TO USINGE	Treast of	ailure	- iday
TO THE	FICANT CONDITIONS CONDEATH BUT NOT RELA	NTRIBUTING TED TO THE	wine more of \$100 to 100 to 10	V		
IF GPERATION	N WAS RELATED TO	9A. DARE OF OPERATION	198. CONDITION	ON FOR WHICH OPERA	ATION	YES NO
19	December	A. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)  A. STATE B. COUNTY  Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give township)  B. DATE OF BIRTH OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (Stole or foreign country)  Maryland  12. CRIZEN OF WHAT COUNTRY  Maryland  14. MOTHER'S MAIDEN NAME  Finna Wimmer  CAUSE OF DEATH  CAUSE OF DEATH  CAUSE OF DEATH  CAUSE OF DEATH  COUNTRY  CAUSE OF DEATH  COUNTRY  CAUSE OF DEATH  COUNTRY  COUNTRY  COUNTRY  COUNTRY  COUNTRY  Maryland  16. SOCIAL SECURITY NO.  NOTE AND DESTAND DEATH  COUNTRY  MARYLEAND  17. INFORMANT  ADDRESS  CAUSE OF DEATH  COUNTRY  COUNTRY  COUNTRY  COUNTRY  COUNTRY  COUNTRY  MARYLEAND  COUNTRY  Maryland  18. DATE OF BIRTH  COUNTRY  Maryland  19. AGE (In reor)  Month Days Hours Min.  Min.  11. BIRTHPLACE (Stole or foreign country)  Maryland  11. BIRTHPLACE (Stole or foreign country)  Maryland  12. CRIZEN OF WHAT COUNTRY  WHAT COUNTRY  WAS PERFLAMED  COUNTRY  COUNTRY  COUNTRY  MARYLEAND  19. CONDITION FOR WHICH OPERATION  19. ADTO 19. CONDITION FOR WHICH OPERATION  19. ADTO 19. CONDITION FOR WHICH OPERATION  19. ADTO 19. CONDITION FOR WHICH OPERATION  Ontended the deceased from  19. ADTO 19. CONDITION FOR WHICH OPERATION  19.				
23A. SIGNAT	PAYS. MED. DIRECTOR	MARCH STAFF PHYS.	м. D. 238. ADDRESS	N. Cha.	la Shis	23c. DATE 91GNED/
24A. BURIAL, CRI REMOVAL (Specif		24c. NAME OF CEMET	ERY OR CREMATORY	240. LC	CATION (Sity-to	own, or tounty) (Stot
Buria	1 12/21/	60 Loydon	Park Cemete	FUNERAL DIRECTOR	ltimore	Manyland ADDRESS
DEC 9 1	BY HEALTH DEPT.	ASS. NAME OF REGISTRAR	w/ faller	John A. Mon	ian 3000 E.	Baltimore St.

and completely filled in by the funeral carbon papers. Pages 1 and 2 should event, within 72 hours after death. death. Page 4 may be retained by the hospital or attending physician.

Yes TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please demove carbon papers.

So be filled with the State Dept. of Health prior to burial, cremation, or removal, and in ghy event, within 72 hours. Page 4

ithin 24 hours after

The law requires that the death certificate be executed

OR ATTENDING PHYSICIAN:

TO HOS

STORES OF STREET			
			1000 A
			- Teak or at t
		-Let a grant and the last	Thirties of the

1950=

	13621	CERTIFICA	ATE OF DEATH		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Ba.	ltimore	MARYLAND	- CTATE		
RURAL ond give ne	rille	c. LENGTH OF STAY IN 16 2yrlOmthl5dys	W		URAL and give nearest lown)
OR INSTITUTION	AL (If not in hospital, give stree ROVE STATE H	oddress)	d. STREET ADDRESS 3717 Loch	earn Drive	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Lena	Middle Isabelle	Tucker	OF -	
female		RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH December 14,	1885 9. AGE (In years lost burthdoy) 75 yrs.	#FUNDER I YEAR IF UNDER 24 HRS. Months Doys Hours Min.
10a. USUAL OCCUPATIO during most of worki hous ewii	ng life, even if retired)	. KIND OF BUSINESS OR INDU			U. S. A.
13. FATHER'S NAME  15. WAS DECEASED EVER (Yes, no. or unknown) [1]	IN U. S. ARMED FORCES? 10 yes, give wor or dates of service	S. SOCIAL SECURITY NO. 17. I	NFORMANT  BCO rds: SPRIN	Unknown Addr	
Conditions, if on gove rise to im couse (o), stoting to lying couse lost.	DUE TO  y, which (b) Chi	congestive hear		with arterios	clerosis
PART II. OTHI  Ch  200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	ronic brain sy	norome associa	ted with senil	e orain onsea.	EN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO 1
20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Year 20d. Whil		ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	CE (Where deceased lived. If institution: Residence before admission) bry land b. COUNTY Baltimore  IN (If outside corporate limits, write RURAL and give nearest lown) immore  EESS   C. IS RESIDENCE ON A FARM?  JOCHETT Drive   Day Year ON A FARM?  JOCHETT December 19 19 60  4. DATE ON A FARM?  JOSO ON A FARM?	
21. I certify the alive onDec_  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	. 19 , 19 France W.C	sed from Feb. 11 60, ond that death the haler, M. D.	occurred at 12:30s	A.M., from the causes a DORESS (Street, city or town, s GROVE STATE	nd on the date stoted obove stole)  DATE SIGNE HOSPITAL 12-19-
220. BURIAL, CREMATION REMOVAL (Specify) Cremation 23. FUNERAL DIRECTOR'S	12-22-60 SIGNATURE	Greenmount	Crematory	22d. LOCATION (City, town, o  Baltimore  LAW REGISTRAR, 24b. REGIS	r county) (Stote)  Maryland  TRAR'S SIGNATURE
BROOKS FUNC	RAL SERV. 6.	22 YORK ROAD:	TOWSON DATE		willing S. Thouse

TO HOSPITAL RATENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be released by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detoched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

VS A15 (4) 15M 10/57

TO DEATH	
	tions you the bus

10 10 1 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the state of the state of			
A TOTAL TOTAL CONTRACTOR OF THE PARTY OF THE				
			AND STREET STREET	
STREET, STREET, SQUARE, ST.				The last of the collection of
				The state of the s
				and the same of the same of the
mai (rev) (I) her a sit		9		a lectric by T in Physic I id
Speeds Ferning work and the land				
	THE REST AND UNION THE			

	HI AND NO ST		1 1 5 5 5 5	NOTE TO THE		
				4		
Land Control						
		DEAL MARK				
		ter selection of				
2.54.17.00						

Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET. BALTIMORE 1, MARYLAND 3625 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, If Institution; Residence before admission) or your files. e. COUNTY b. COUNTY Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporala limits, write RURAL and give neerest town) write RURAL and give neerest town) Towson for Boar d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE ON A FARM? retained State I Blandings Estates YES NO T EDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deather certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funer NAME OF Middle DECEASED OF ge 5 me, and 2 with ... the (Type or print) DEATH DAVID RONALD 19 VANCE 72 60 December 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) WIDOWED DIVORCED Male 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Page . done during most of working life, even if retired) MOUNY File pages form PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes. no. or unkown) i (Ifyesgiva war or detas of service) permit. Office along with burial-fransit permi 18. CAUSE OF DEATH [Enter only one causa par line for (e), (b), end (c).] INTERVAL BETWEEN \$ ONSET AND DEATH Carbon monoxide intoxication and IMMEDIATE CAUSE (e) DUE TO removal, Conditions, if any, which (b) lease execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's FUNERAL DIRECTOR: Page 3 should be used as a E geve rise to immediate cause DUE TO (a), stelling the underlying cause lest. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X 2De. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) Found in parked car CAUSE OF DEATH. 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, form, Month, Dev. Year 20f. (City or town) (County) (State) prior to factory, street, office bldg., atc.) While Not While Baltimore Md. at work at work X 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry and in my opinion agent, Accident X Homicide Undetermined manner death resulted from: Natural causes Suicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S DEPUT W. Bradley King, Jr., NAME (Typa) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 22b. DATE THEREOF 22a, BURIAL, CREMATION. (State) REMOVAL (Specify) OH 940 4 11 a. 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME Circhar S. Trass 5M 7/59

CLAZORATA : MERCHELON TENENDENDETATION OF THE ACCRECATE HIS ASSOCIATION 1085 A CONTRACTOR OF THE PARTY OF TH DATE OF THE PARTY. VANOS II Profession II step of the see got, then self the ome to the contract FELLINORO Ed. THE THE PARTY OF T - d. Brinks line (2.5)

23a. BURIAL, CREMATION, 23b. DATE THEREOF

John M Weber & Sons Inc

REMOVAL (Specify)

24. FUNERAL DIRECTOR'S SIGNATURE

Buria

13599

(State)

ORE MARY LAND
25b. REGISTRAR'S SIGNATURE

Chilling & Stome

CERTIFICATE OF DEATH Home 12/20/60 cac 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY MARYLAND BALTIMORE MARYLAND CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) HOWARD 21 DAYS BALTIMORE d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO T VETERANS ADMINISTRATION HOSPITAL 2009 EAST PRATT STREET 4. DATE OF DEATH NAME OF First Middle Yeor Manth DECEASED (Type or print) HARRY H VOHS 19 60 DECEMBER IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED KNEVER MARRIED B. DATE OF BIRTH 9. AGE (In years 5. SEX lost birthdoy) Months WIDOWED [ MALE WHITE yrs 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) PACKING HOUSE PACKER MARY LAND U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME RUDOLPH VOHS UNKNOWN 17 INFORMANT Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO YES 170-12-7740 CLIN REC- VAH BALTO 18 MD- FT HOWARD DIVISION INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) SQUAMOUS CELL CARCINOMA OF LUNG WITH METASTASTS IINKNOWN DUE TO Conditions, if ony, which gave rise to immediate DUE TO cause (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO D CHRONIC BRAIN SYNDROME, ORGANIC 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) 20a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING | CAUSE OF DEATH 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) o. m While Not while at work at work 1960 , to DEC 16 19 60 that (IK(we) last saw the deceased alive an DEC. 16. 19.60, and that death accurred at M, fram the causes and an the date stated above. 22a. SIGNATUT 22b. DATE SIGNED ATTENDING PHYS. DIRECTOR [ PHYS. 12-17-60 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) CHARLES E. ROWAN M.D. VAH BALTIMORE 18 MD-FT HOWARD DIVISION

23c. NAME OF CEMETERY OR CREMATORY

oodlawn

23d. LOCATION (City, town, or county)

BALTIMORE

25a. REC'D BY REGISTRAR DATE DEC 1 9 '60

plu death. ofter 5 12 offending ā per ö DIRECTOR: RAL DIS dy be re FUNERA page the Sta

VR A15 (4 1SM 9/59

restricted, they be of the AND THE PROPERTY OF THE PROPER BUTCHER THE PARTY AND THE RESERVE OF THE PARTY OF THE PAR The residence of the re

TO HOSPITAL

VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
13627 CERTIFICATE OF DEATH

		-								
1. PLACE OF DEATH o. COUNTY	Balti	more	MARYLAN	o. STA	TE	Where deceased	l lived. If instituti b. COUNTY		altimo	
b. CITY OR TOWN RURAL ond give	(If outside corporate limi nearest town)  Kingsvill		c. LENGTH OF STAY IN 1	b c. CIT		outside corpo	rote limits, write R	URAL ond	give nearest t	own)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospitol, g Bradshaw Re		address)	d. STI	Per ad	shaw Ro	a		10	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Fir Ch:	" risti	Middle na	Vondrac	ek_	4. DATE OF DEATH	Mor	lec.	Day	Year 19 60
S. SEX		7. MARR	NEVER MARRIED	1000	BIRTH	077	9. AGE (In years lost birthdoy) 83 yrs.	Months	Doys Hou	7
F'emale  100. USUAL OCCUPAT	White ON (Give kind of work of	done 10b.	KIND OF BUSINESS OR IN	TSDE LI	100	ote or fareign co	- 03	12. CIT	IZEN OF WHA	AT COUNTRY?
during most of wo	orking life, even if retired		At Home			hemia		100	II C	A .
13. FATHER'S NAME	EMITE		au Home		HER'S MAIDE				U 3	40
	Frank Dvor	ole				Mosses	The land course			
	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 1	7. INFORMANT		Mary	Unknown	ress	100	
(Yes, no, or unknown)	(If yes, give war ar dates of s	ervice)	None	Mr. Cha	rles M	apole Pr	radehaw 1	2d. K-	ingsvi	17 0 180
	EATH   Enter only one co	use per lin		Wife VIII	1-1-6-2 M	dSEK D	ausnav			BETWEEN
	ATH WAS CAUSED BY:	/	7. Xa.	.00.	4.	0-1-	1- 70-	. 10	ONSET A	ND DEATH
6100	IMMEDIATE CAUSE (o	) 9	Sol your	77	the la	- DA	20 122	and a	21.050	1 75
Told	DUE TO	ER	intack	with	Trong	A CITO SEAL	0	-34-	130	
Conditions, if gove rise to		)	somethy.							
couse (o), statin	g the under- DUE TO								1200	
lying couse lost	10									A.C. ALLTOROV
PART II. O	THER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEATH	BUT NOT RELA	TED TO THE TE	RMINAL DISEAS	E CONDITION GIV	PAR	PE	REORMED?
OR CONTRIBUTION	VAS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCU	RRED. (Enter no	ture of injury	in Port I or Por	t II of item 18.)			
ZOc. TIME OF INJU Hour o. m p. m	. 10	20d. It While of worl	Not while	PLACE OF IN foctory, street	IURY (Home, for , office bldg.,		or town)	(	County)	(Stote)
21. I certify th	nat (1) (this. <del>hespit</del> al	) attend	led the deceased fra	m7_/		19.40, to_	12/11	, 19_6	Q, that (	l) (we) last
	ased alive an/_	2/9	1960, and the	at death acc	urred at 2	M, fram	the causes ar	nd an th	e date sta	
220. SIGNATURE	7. Ruts	La	eli.	M.D. ATTE	NDING D	MED. DIRECTOR	STAFF PHYS.			22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	D.T. B.	27-1	-aglia A	1D 22d.	ADDRESS	9 Be	lair	Rd	13a H	06, mg
23a. BURIAL, CREMAT REMOVAL (Specif	y) 7 7 -		23c. NAME OF CEMETER				TION (City, town,	or county)	(	Stote)
Burial 24. EUNERAL DIRECTO	Dec. 15,	1960	Bohemian	Nationa		EC'D BY REGIST	PAP 255 PEG	STRAR'S SI	GNATURE	
Tamahu S	Tumeral Al	me	7401 Bela	ic Rd	A	DEC 1 6 '6		Thun S.		
the second section of the first termination of	and the second s									

00051			HI MID	1211	# · · · · · · · · · · · · · · · · · · ·
				3304 H 76	
	AND WAR IN				
٠.					
	•				
					Arech Talenton
All Landson	A Transport	Augin .			
				SS L	

TO HOSPITAL

VR A15 (4) 15M 9/59

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

	13	028 TH	om 16 I	CERTIFIC	CATE	OF DEATH		WILL TO				
	PLACE OF DEATH	Baltimore		MARYLA		USUAL RESIDENCE (What is a state Mary		ed lived. If institution b. COUNTY	-	ce befor		ion)
	RURAL and give ne	f outside corporate limi arest town)		NGTH OF STAY IN	1ь	a CITY OR TOWN (IF	outside carp					1)
	d. NAME OF HOSPIT OR INSTITUTION	VSON AL (If not in hospital, g Lla Maris H		yrs.		d. STREET ADDRESS	ltimo; York			1		IDENCE FARM?
	NAME OF DECEASED (Type or print)	Fir Mary		Middle Ellen		Lost Walsh	4. DATE OF DEATH	Man	th	Day	<b>'</b>	Year 19 60
5.	SEX F	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED [		ATE OF BIRTH 4/27/1877		9. AGE (In years lost birthdoy) 83 yrs.	IF UNDER Months	1 YEAR Days		
00	during mast of work	ON (Give kind of work king life, even if retired		OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (State Mary.		country)		ZEN OF		OUNTRY
3.	FATHER'S NAME	1==316			1.	4. MOTHER'S MAIDEN N	NAME					
		Michael Wal					Charle	otte Dana				
		R IN U. S. ARMED FOR (If yes, give war or dates of s	ervice)	17-4988	17. INFO		sion H	Records	ress			
		mmediate the under-		(a), (b), and (c).] Misnessa Parcin	tu.	Carcino	ast				ERVAL BE	
CATION		J (c	,	IBUTING TO DEATH	H BUT NO	T RELATED TO THE TERMI	INAL DISEA	SE CONDITION GIV	VEN IN PAR	T 1(o) 15	PERFO	AUTOPSY RMED?
CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCC	URRED. (E	nter noture af injury in	Port I or Po	ort II of item 1B.)	47			
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye		Nat while_		OF INJURY (Home, form, street, office bldg., etc		ty ar town)	(0	County)		(Stote
		Crbes	c. 3  ert Maho	1960, and th	am nat deat M.D.	ATTENDING MPHYS. ADDRESS 602 E. C	M, from	STAFF PHYS.	19_6 an the	2/4,	stated 221 /60	ye) las l abave b. DATE SIGNED
30	BURIAL, CREMATION BOUNTAINS	Dec. 7, 1	960	Hew Ca	thed	al Cemitery	23d. LOC	3 altim			Mistat	1
7	FUNERAL DIRECTOR	SIGNATURE	1. 10	ADDRESS	-11	1 0 350. REC	D BY REGIS	STRAR 25b. REGI	STRAR'S SIC	GNATUR		

HANG TO TYANG THE BEATER ASSESSED. THE PARTY OF THE P eddfort accoming a second Ber Smith Con 1 160 May 12 to 1 2 morting the Land

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

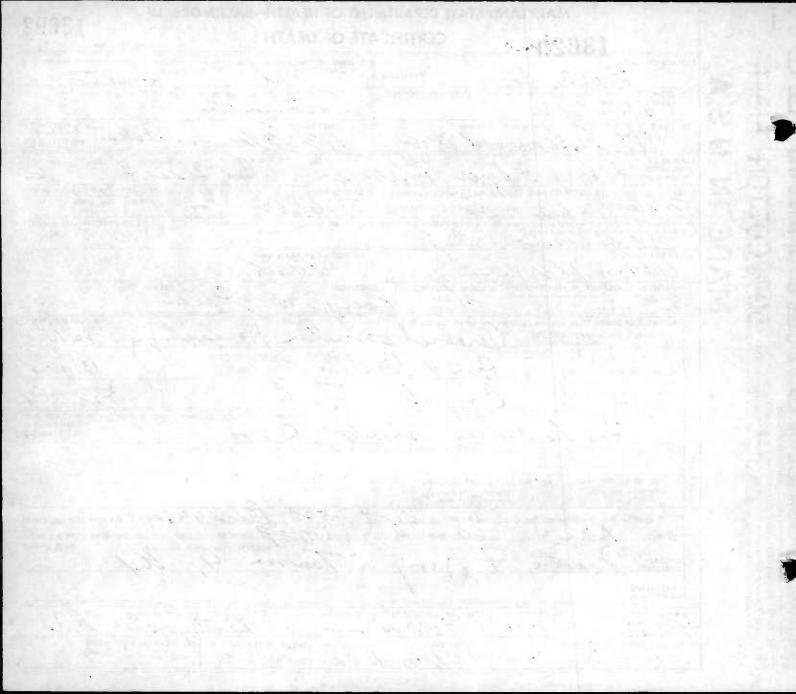
**CERTIFICATE OF DEATH** 

13602

13629	CERTIFICA	ATE OF DEATH	Reg. D	ist. No.
1. PLACE OF DEATH D. COUNTY Balto lo	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE	b. COUNTY	nce before admission)
b. CITY OR TOWN (If autside corporate limits, write RUBAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CIPTOR TOWN (If outside corp	. /	give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	1 line	d. STREET ADDRESS Glen.	wood and	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Harn Edg	var War	Last 4. DATE OF DEAT	10- 11	Day Year
ma. 1. 11111	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 3/26/82	9. AGE (In years IF UNDER lost birthday) Months	R 1 YEAR IF UNDER 24 HRS Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	Supt.	STRY 11. 8IRTHPLACE (State or foreign	country) 12. CIT	S. S. C.
3. FATHER'S NAME! Warner	_	14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO.	vely W.	Gale	
18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)	erebral v	oscular Hes	morley	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which ) (b)	7SCV De	seese		13 yrs
gove rise to immediate couse (a), stating the under-lying couse last.	ngestive	Faile		recurry
PART II. OTHER SIGNIFICANT CONDITIONS  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEA	ASE CONDITION GIVEN IN PAI 2	RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	CRISE BOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Po	ort II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. Haur o. m. While at wo	Not while fo	ACE OF INJURY (Hame, farm, ctory, street, affice bldg., etc.)	ity or town) (	(County) (State
21. I certify that hattended the decea	sed fram. Legs.	accurred at	4, 19,69hat I k n the causes and an th	ast saw the decease
ACTUAL SIGNATURE	2-King	M.D. Town	(Street, city or town, state)	DATE SIGNE
PHYSICIAN'S NAME (Type)	A /			
220 JURIAL, CREMATION, 22b. DATE THEREOF 12-7-60	22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOC	Ballimer Co	- Ind
23. FUNERAL DIRECTOR'S SIGNATURE	-301 Freduit	240. REC'D BY REGIDENT DATE DEC 9	15TRAR 246. REGISTRAR'S S	GNATURE

TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs TO HOSPITAL

VS A15 (4) 15M 9/58



may be retoined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in byten funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 have after death.

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

TO HOSPITAL VS A15 (4) 15M 10/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

a. COUNTY B	altimore		MARY	(LAND	2. USUAL RESIDENCE (W		lived. If instituti b. COUNTY	Balti	before odmi: MOPE	isian)
b. CITY OR TOWN RURAL and give Reiste	(If outside corporate limit nearest town) rstown	s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF		ate limits, write F	PURAL and giv	re neorest taw	n)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, gi 11715 Reist				d. STREET ADDRESS	isters	town Roa	d	ON.	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	John		Middle illiam		skittel	4. DATE OF DEATH	Dec. Mor	12,196	ODay	Year
5. SEX Male	6. COLOR OR RACE White	7. MARRI WIDOWE			8. DATE OF SIRTH June 20, 1906		9. AGE (In years lost birthday) 54 yrs.	Months D	YEAR IF UND	-
during most at wo	ION (Give kind of work d rking life, even if retired) of electron		KIND OF BUSINESS C	R INDU	STRY 11. 8IRTHPLACE (State Maryl		untry)	12. CITIZ	EN OF WHA	T COUNTRY
13. FATHER'S NAME LOUIS W	eiskittel				14. MOTHER'S MAIDEN					
15. WAS DECEASED EV (Yes, no. or unknown) NO	ER IN U. S. ARMED FORCE (If yes, give wor or dates of se		SOCIAL SECURITY NO 2-07-8810		o.Leone Weisk	ittel,	Add Reisters		d.	
CAI	immediate DUE TO  the under (c)  (c)				NOT RELATED TO THE TERM			/EN IN PART I	PERF	AUTOPSY ORMED?
200. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIFY 20c. TIME OF INJU Haur a.m. p. m.	G CAUSE OF DEATH		JURY OCCURRED  Nat while	20e. PL/	O. (Enter noture of injury in ACE OF INJURY (Hame, form lory, street, affice bldg., etc	n, 20f. (City		(Cod	uniy)	(Slote)
21. I certify to alive an actual signature.  PHYSICIAN'S NAME (Type)	hat I attended the	decease , 196		death	O., 1957, to A. occurred at 3: 10.	AM, fram	the causes of cet, city or town,	and an the	date stat	
220. BURIAL, CREMATION REMOVAL (Specify Burial	Dec.14,19				crematory orial Gardens	C-12-12-12-12-12-12-12-12-12-12-12-12-12-	on (City, town, ourg, Md.		(Sta	te)
J.F.Elin	e & Sons, Rei	ister	stown, Md.			D BY REGISTR		STRAR'S SIGN		

	DATE OF DEATH	2312	
Time to the st	managar managaran		

r death. Page 4

TO HOSPITAL

VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 13630

1. PLACE OF DEATH o. COUNTY	ltimore		MARY	LAND 2	o. STATE		d lived. If instituti b. COUNTY	on: Resident	ce befa	re admiss	ion)
b. CITY OR TOWN (I RURAL and give no	f autside corporate limi earest tawn)	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN	(If outside corpo	rote limits, write R	URAL ond g	give nec	rest town	)
d. NAME OF HOSPIT OR INSTITUTION	tonsville AL (If not in haspital, g				d. STREET ADDRES	SS .		-			FARM?
	ady Nook Na	ursin	g Home		2720 п	erlem Av	70.			YES [	NO 🗌
3. NAME OF DECEASED (Type or print)	Evel		Busick W	eisse	nborn	4. DATE OF DEATH	Dece	mber	29,	1	Year
S. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRI	ED   B.	DATE OF BIRTH		9. AGE (In years		1 YEAR	IF UNDE	R 24 HRS
Female	White	WIDOW			December 2	9,1870	lost birthday) 90 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATIO	ON (Give kind of work	done 10b.	KIND OF BUSINESS C	OR INDUSTR	Y 11. BIRTHPLACE (S	state or foreign o	ountry)	12. CITI	ZEN OI	WHATC	OUNTRY
Housew	ring life, even if retired	'	Home		Maryl	and		U	S.	Α.	
13. FATHER'S NAME		1 57			14. MOTHER'S MAID	EN NAME			510		3- n
Willia	m Busick				?						
15. WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give wor or dates of s	CES? 16.	SOCIAL SECURITY NO	). 17, INFO	DRMANT		Add	ress			
(ros, io, or ominoral)	(it yes, give wor or outes or a	ai vicej		Mr	. Neilson	Busick	Hopkins	Apts			1/2
Canditions, if o gave rise to i couse (o), stoting lying couse last.	the under-	Ser	yvacell	16 9	everal ausofice	ener	Me Es		5	y	ig iles
PART II. OTH	ier significant con							EN IN PAR	T 1(o)	PERFO	RMED?
	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY C	OCCURRED.	(Enter noture of injur	y in Port I or Por	t II of item 18.)				
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	While	NJURY OCCURRED  Nat while  k ot work		E OF INJURY (Home, ry, street, office bldg.		or town)	(0	County)		(Stote)
	it (1) (this haspita sed alive an_12	127			1/27 oth accurred a	19.50 , .ta					we) last
220. SIGNATURE	w Jehre	20n		м.		MED.	STAFF PHYS.			228	SIGNED
22c. PHYSICIAN'S NAME (Type)	Dr. E.W. J	ohnsc	on		22d. ADDRESS 3432 Fr	ederick	Ave. Bal	timor	Θ,	Md.	
23a. BURIAL, CREMATIO REMOVAL (Specify) Dec. 31.1			23c. NAME OF CEM		CREMATORY		TION (City, town,	or county)	len	(Stat	e)
24. FUNERAL DIRECTOR			ADDRESS		2Sa.	REC'D BY REGIST		STRAR'S STO	GNATU	RE	
John O. Mit	chell & So	ns, I	nc. 1900 E	utaw	Place DATE	JAN 3 '6	31 a	Thun S.	than	A.A.	

\$438 Ye 142			
			08981
	and the		
	erodel		all the second
		Charles and the	
Hart, Charles			
	le ter	^-*	The state of the s
			Colours Marketts
	unii delam astinia		
1224		Set Lines	
in such	umperior of Company of		
	U275 17 17 18		
n   E	TO THE THE TANK OF THE TANK		
			, , , ,

# MARYLAND STATE DEPARTMENT OF HEALTH

HAND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05 DIVISION OF STATISTICAL RESEARCH 13631

	LACE OF DEATH				2. USUAL RESI	DENCE (Where	e decessed lived, If in	stitution: Resi	dence before	edmission)
		IIMORE		MARYLAND	e. STATE	RYLAND	b. COUNT			
ь.	CITY OR TOWN (ii	outside corporate lingive neerest town)	nits,	c. LENGTH OF STAY IN 16	c. CITY OR TO	WN (If outside o	corporete limits, write	RURAL end gl	ve neerest tov	vn)
FO	RT HOWARI			5 DAYS	BATTTMO	ORE		3 V C	) ] -	7
d.	NAME OF HOSPIT	AL OR INSTITUTION	(if not in hos	pitel, give street address)	d. STREET ADD	RESS				ESIDENCE
-		OMINISTRAT				MONDSON			YES	A FARM?
	AME OF ECEASED	Fire	st	Middle	Lest	4. DAT			Dey Yee	38
	ype or print)	ROB			WELLS	DEA	TH December			60
5. SI	EX	6. COLOR OR RAC	7. MARRIE	D NEVER MARRIED   B	. DATE OF BIRTH		9. AGE (In yeers lest birthdey)	Months Dey		R 24 HRS.
J	ALE	COLORED	WIDOWE	D DIVORCED J	anuaryl, I	L920	40 yrs.	Months De)	s Hours	743191.
done		ON (Give kind of working life, even if reti	red)	LORING SHOP		(County & Stete	, or foreign country)		OF WHAT	COUNTRY?
13. F	ATHER'S NAME				14. MOTHER'S MA	LIDEN NAME				
N	VEWTON WE	TS			MURIEL S	SOUTERET				
15. V	WAS DECEASED EVE	R IN U.S. ARMED FC		SOCIAL SECURITY NO. 17.	NFORMANT	360714	Address			
	no, or unkown) (If	yesgive war or detesor		0 70 45(7) CI.	IN REC VA	AH BALTI	MORE 18 MI	D-FT HO	WARD D	TV
		EATH [Enter only or		3_12_/.561 W	Tit 100 12	ni Mini		7-1 110	INTERVAL BE	
		WAS CAUSED BY:	CARD	IAC HYPERTROPH	Y AND DILL	TTA TT ON	<b>भा</b> गम		ONSET AND	
	11112	MMEDIATE CAUSE (a	1	ONGESTIVE FAIL			MT III		UNKNOW	N
	440	DUE TO								
	Conditions, if eny geverise to immedi		HYPE	RTENSIVE CARDI	OVASCULAR	DISEASE			UNKNOW	N
	(e), steting the u	DITE TO	0							
	ceuse lest.	) (								
O	PART II. OTHER	SIGNIFICANT CON	DITIONS CON	NTRIBUTING TO DEATH BUT NO	OT RELATED TO THE 1	TERMINAL DISEA	SE CONDITION GIVE	N IN PART 1(e	9) 19. WAS A	AUTOPSY DRMED?
CATI									YES X	NO 🖸
2 0	OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER	1	CRIBE HOW INJURY OCCURED	. (Enter neture of inju	ury In Pert I or Po	ert II of item 1B.)			
4	20c. TIME OF INJU	RY Month, Dey, Y	eer   20d.	INJURY OCCURRED   20e. PLA	CE OF INJURY (Hom	e, ferm, † 20f.	(City or town)	{County	)	(Stete)
MEDICAL	Hour e.m.		While et wor	1101 1111110	lory, street, office bldg	g., etc.)				
	p.m.	19			acambam 06	- 60	December	2760		
2	21. I certify t	hat ( this hosp	ital) attend	ded the deceased from			December			
S	saw the deceas	ed alive on Dec	ember	31 1960 , and that	death occured	af	rom the causes	and on the		
2	22e. SIGNATURE	1	-1		ATTENDING	MED.	STAFF		221	SIGNED
		011.	1. /	Illia N	.D. PHYS.	DIRECTOR	PHYS.		12-	31-60
2	22c. PHYSICIAN'S	brau	aco	(cu)	22d. ADDRESS	S				
	NAME (Type)	Charles	Allen	M.D.	VAH BAI	TIMORE	18 Md-FT I	HOWARD	DIVISI	ON
23e.	BURIAL, CREMATI	ON, 236. DATE TH	EREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. L	OCATION (City, tow	n or county)	(:	Stete)
BI	RIAL (Specify)	Jan.4,	1961	BALTIMORE NA	TIONAL		BALTI MORE	MARY	LAND	
24 F	UNERAL DIRECTOR	'S SIGNATURE		801 ADREST remont	ATTO 250	. REC'D BY RE	GISTRAR 256. REG	ISTRAR'S SIG	NATURE	
	rton & Dy			Baltimore 17		TE JAN 4	'61 Ch	Um 8. 90	and.	
	2 0022 & D			201011210101		JAN 4	01 1 6/2	1. /C		

TO HOSPITATE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with 24 hours after \$\frac{7}{8} \in \text{death}\$. Page 4 may be retained by the hospital or attending physician \$\frac{7}{8} \in \text{LOFUNERAL DIRECTOR}\$. After this certificate has been signed by the attending physician and completely filled in by the funeral \$\frac{8}{9} \in \text{director}\$, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should \$\frac{8}{8} \in \text{be}\$ filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

				ξ 5, γ	
		TATE OF THE PARTY		ago tra	
		LIB TUA		O.	CED TENE
	ETHOUGH N	egrale, cer	HOSPEIAL	TOTAL AND TO TA	BEASE DO
Ob JE	reduced.	81,17	and and	I, "	
	Oil	Contraction of the contraction		0.02.000	37.01
.4.8.0			Mark to Links		SOLUT!
		minos diciror		20.30	ROUNDS -
.VII OLO OR T		The Fall Call Ma	an Hans	en port	ELT
		ATTEMED OVA STEEL	HIGHTSTEIN OALGE LIAN SVALES (MCC		
ANG AUG			COLUMN STREET STREET	A)	
# C0		odenbor 26 .o.55:11	05 16 1	e macad	
eaths of the same	K. A. C.		211		
DISTRICTA	de mante	VAR BACTERO		olia calmad	
	ELONG LIE		al approprie	(L. 1111	ATTE
		avil.	TOMETA TALL VI STOLETÎNE	43.44	a normal

death. Poge 4

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

13606	4	9	0	11	0
	8	3	13	11	63

)			
b			

2

I or attending physician. is certificate has been signed by the ottending physicion and campletely filled in by the funeral director, use as the buriol-transit permit. Then please remave carbon papers. Pages I and 2 should be filed with to burial, crematian, ar remaval, and in ony event within 72 hours ofter death.

HYSICIAN: The law requires that the death certificate be executed within 24 haurs

ATTENDING P	may be retained by the haspital	TO FUNERAL DIRECTOR: After th	poge 3 should be detached for	and of Health prior	
TO HOSPITAL	may be refain	TO FUNERAL DI	poge 3 should	the State Board	

VR A1S (4) 1SM 9/59

7000								
1. PLACE OF DEATH o. COUNTY Balt imore		MARYLAND	2. USUAL RESIDENCE (Whe			esidence befo Balto		m)
b. CITY OR TOWN (If outside carporate RURAL and give negrest town)	limits, write c. LENGTH (	OF STAY IN 16	C. CITY OR TOWN (IF ou		write RURAL	ond give nec	arest tawn)	
d. NAME OF HOSPITAL (If not in hospit House in Pines,		Ave.	d. STREET ADDRESS	d Frederi	lck R	1	e. IS RESID	FARM2
	First mie		Weltner	4. DATE OF DEATH DEG	Manth 26/6	60	y Ye	ear 9
Female   6. COLOR OR RA	CE 7. MARRIED NEVER	NARRIED DE	Jan. 13,18	9. AGE (In last bert)	years IF Ut hday) Mon yrs.	nths Days	IF UNDER Haurs	Min.
10a. USUAL OCCUPATION (Give kind of watering most of warking life, even if re	ark dane 10b. KIND OF BUS ired)	INESS OR INDUS	TRY 11. BIRTHPLACE (Stote of Baltimor			USA	WHATCO	UNTRY?
George Weltner			14. MOTHER'S MAIDEN N					
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no, or unknown) (If yes, give wor or date		RITY NO. 17. IN	• Anna Bach	man, 2200	Address Old	Frede	rick	Rd
Canditions, if any, which gove rise to immediate couse (o), stoting the <u>under-lying</u> couse last.	884: (a) 21/2 & C A S	Tenerica	Cardin-Vaca		22021 DN GIVEN IN	ONS	PERFOR	UTOPSY MED?
PART II. OTHER SIGNIFICANT	ATH	NJURY OCCURRED	). (Enter nature af injury in P	art I or Port II af item	18.)		YES 🗌	NO E
7 20c. TIME OF INJURY Manth, Day, Hour a. m. p. m.	Year 20d, INJURY OCCUR While Nat while at work at wark	le foc	CE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City ar tawn)		(Caunty)		(State)
21. I certify that (I) (this hasp saw the deceased alive an., 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)		, and that d	eath accurred at// Le	M, fram the caus			stated 22b.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24. FUNERAL DIRECTOR'S SIGNATURE 112ke F. D. 4101	60 Loude			23d. LOCATION (City, Baltimor By REGISTRAR 25b DEC 2 8 260	REGISTRAN	S SIGNATU		
	-			V 000	Con	Many S. 7	Tinus	

	THE RESERVE AND ASSESSMENT ASSESSMENT	STATE OF STATE OF	
		DHIALD	
		. 271 20 2	
	. 25 Comment Co. 1257 595		
	. 11 . 27 7		
	1760 e-11-1762		Tantian strain 1
	i i das , menter de la como de la		
DESCRIPTION OF THE OWNER.			
A 6			

VS A1S (4) 1SM 9/S8

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13633

# **CERTIFICATE OF DEATH**

13607 Reg. Dist. No.

1. PLACE OF DEATH				1 2	USUAL RESIDENCE	(Where decays	d lived If institution	n. Reside	nce befo	re admis	sion)
o. COUNTY			MARYLAND		o. STATE		b. COUNTY		nee bere	ne admin	1011
Balti			L. IENGTH OF CTAY IN 11	-	Marylan		A 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	ard			
RURAL ond giv	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  Catonsville		c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Ellicott City						
OR INSTITUTION	SPITAL (If not in hospital, gon Nursing Home		address)		d. STREET ADDRES		13	X	-9	ON	SIDENCE A FARM?
3. NAME OF			44.4.4	И		4. DATE					
DECEASED (Type or print)	MARGARET	W	Middle THEELER		Last	OF DEATH	Dec. 29		0		Yeor 19
S. SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED	B. D.	ATE OF BIRTH		9. AGE (In years				ER 24 HRS
Female	White	WIDOWE	DIVORCED [	N	lov.6,1881		last birthday) 79 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUP.	ATION (Give kind of work working life, even if retired	done 10b.	KIND OF BUSINESS OR INDU None	JSTRY	11. BIRTHPLACE (S Marylar		ountry)	12. CI	TIZEN O	F WHAT (	COUNTRY
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME							
Mi	chael A. Malo	ney			Mary	E. Roger	S				
15. WAS DECEASED	EVER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	INFO	RMANT		Addr	ess			
No	(It yes, give war or dates of s	er vice)	None	Ho.	Co. Welf	are Boa	rd, Ellico	ott C	ity,	Md	
1B. CAUSE OF	DEATH   Enter only one co	use per li	ne for (a), (b), and (c).]	1.	zed Ar	1	1		INT	ERVAL BE	
gave rise to couse (o), stot lying cause to		)	•								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY PERFORMED?  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  206. ACCIDENT WAS UNDERLYING CONTRIBUTION CONTRIBUTION OF CONTRIBUTION CONTRIB					DRMED?						
					(Stote						
21. I certify	that I attended the	deceas	ed fram		. 19/ ta	121	29/40	that I I	ast say	w the c	deceased
alive an	12/27/1	. 19	//	h ac	curred at / 05	PM from					
dire di	alive an, and that death accurred at 10 5 M, from the causes and an the date stated abave.  ADDRESS (Street, city or town, state) DATE SIGNED										
ACTUAL SIGNATURE	SIGNATURE SIGNATURE M.D. 1303 Friderick Rd 1)//										
PHYSICIAN'S NAME (Type)	W.E	M	15 Grath		C 21	tens 1	11/2 2	gh	9	10/	30/6
220. BURIAL, CREMA REMOVAL (Spec		F	22c. NAME OF CEMETERY C	OR CR	REMATORY	22d. LOCA	TION (City, town, o	r county)		(Sta	te)
Burial	12-31-60		Cathedral			Bal	timore Mo				
23. FUNERAL DIRECT			ADDRESS		24a. I	REC'D BY REGIST	RAR 24b. REGIS	TRAR'S S			HS.
E C Higi	phothem Elli	cott	City. Md		DATE	JAN 3	61	ulung :	Tran	ALA.	

A RIAGO FOR SHORE IN THE RESERVE Drawie book at and again the so smooth of translation of our ( - - - · ·

13608

e. IS RESIDENCE ON A FARM?

YES NO NO Month Day Year DECEMBER 1960 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs 12. CITIZEN OF WHAT COUNTRY? Address ADM HOSP BALTO MD. FT HOWARDDIV INTERVAL BETWEEN ONSET AND DEATH UNKNOWN UNKNOWN UNKNOWN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO Y (County) (Stote) 21. I certify that (this haspital) attended the deceased from December 1, 19.60, to December 9, 19.60 that (x (we) last saw the deceased alive an December 129\_60 and that death accurred 6:38 Mrg from the causes and an the date stated above. 22h, DATE SIGNED BALTO, MD. FT HOWARD DIVISION 230. BURIAL CREMATION. 23b. DATE THEREO 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, ar county) (Stote) REMOVAL (Specify) Dec 1960 BURTAL 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2Sa. REC'D BY REGISTRAR Orthur S. Kraus HOLLAND FUNERAL HOME, 1631 Druid Hill Ave, Balt DEC 13'60

TO FUNERAL DIR page 3 sh the State I

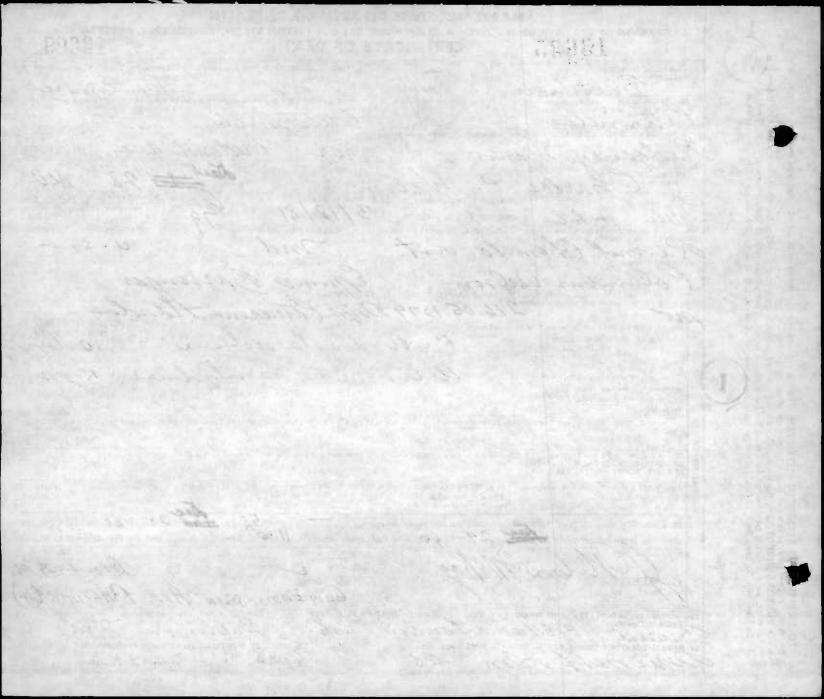
1SM 9/59

STATE OF STREET		MARK W			*
Alexander of the second				VE DE L	
	SALE.				
		AT 41			
			4.4		
	20 4003				
					7
	TODILA T	With AVE	egrava,		
mentor I i I cit I I i I i	The street				
			A-4-		
					10
THE REPORT OF THE PROPERTY OF THE PARTY.	A comme				
CALL STATE OF THE			5	, , , , , , , , , , , , , , , , , , ,	
A CONTRACTOR	LIA LINE		10361	00 F.	
		ton St.	all training		

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13635CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, It institution, Residence before edmission) 1. PLACE OF DEATH a. COUNTY e. STATES MARYLAND b. CITY OR TOWN (if outside corporate limits, write BURAL and give nearest town) 70 . LENGTH OF STAY IN 16 Pages NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS completely papers. NAMEO Middle 72 DECEASED OF (Type or print carbon B. DATE OF BIRTH NEVER MARRIED pue WIDOWED DE DIVORCED cian USUAL OCCUPATION (Give kind of work remove 1Db. KIND OF BUSINESS OR INDUSTRY physic FATHER'S NAME MOTHER'S MAIDEN NAME please affending 18. CAUSE OF DEATH (Entar only one cause per line for (e), (b), and (c), PART I. DEATH WAS CAUSED BY

altemore c CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) IS RESIDENCE ON A FARM? YES NO I IF UNDER 1 YEAR IF UNDER 24 HRS. Hast birthday Months Dave Hours 1. BIRTHPLACE (County & Stete, or foleigh 12. CITIZEN OF WHAT COUNTRY? country INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (e) DUE TO alater sustie variable disease Conditions, if any, which geva risa to immadiata cause DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, 2Df. (City or town) (County) (Steta) Month, Day, Yeer factory, street, office bldg., etc.) While Not While Hour a.m. et work et work 1960, that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased from....... saw the deceased alive on den 22e. SIGNATUR DATE ATTENDING STAFF PHYS. PHYS. M.D 22d. ADDRESS PHESICIAN'S MAME (Type) 6014 EDMONDSON LOCATION (City, town or count 23a. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE arthur & Krous

attending physicia ias been signed by burial-transit perm 10 the buri as use DIRECTOR: FUNERAL director, 1 be filed v VR A15 (4) 15M 9/60



19050

250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
DATE

OCTUME OF CONTROL OF

arthur S. Krays

may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, nt, within 72 hours after death. page 3 should be detached for use as the buriol-tronsit permit. Then please rathe State Board of Health prior to burial, cremation, ar remayal, and in any ext

TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

death. Page 4

	13636	ERTIFICATI	E OF DEATH		12010
1.	PLACE OF DEATH o. COUNTY BALTIMORE	MARYLAND	o. STATE/NARYL	re deceased lived. If institution: AND b. COUNTY	Residence before admission)
	PLIPAL and give pegrest town)	H OF STAY IN 16	c. CITY OR TOWN (If out	tside corporate limits, write RURA	AL and give nearest town)
	COCKEYSVILLE 21	MONTHS	. 1391	TIMORE	31014
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION MA SONIC 1401	NE	d. STREET ADDRESS 4407 M.	ARBLE HALL	RD e. IS RESIDENCE ON A FARM? YES NO S
3.	NAME OF DECEASED (Type or print) HENRY ZA	Middle	VOLFE	4. DATE Month OF C	24 1960
S.	SEX 6. COLOR OR RACE 7. MARRIED NE	VER MARRIED B.  DIVORCED B.	DATE OF BIRTH 4-24-187		UNDER 1 YEAR IF UNDER 24 HRS. Ionths Days Hours Min.
100	USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)  MECHANIC  A  USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)		11. BIRTHPLACE (Stote o		12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
	WILLIAM SCOTT W	OLFE	MARG	ARET N.	TILLER
1S.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY SECUR		Frank L.	Smith J. Co	ckeyntle, the
	1B. CAUSE OF DEATH [Enter only one cause per line for (o), (	b), ond (c).]			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)				ONSET AIND DEATH
	Conditions, if any, which gove rise to immediate couse (o), stoting the under-	Selverte	é ladio Vans	cular Olsean	e 2 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. W					IN PART 1(a) 19. WAS AUTOPSY
PERI				PERFORMED? YES NO	
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor More a.m. While Nat value at wark at wark at wark to the control of the c	vhile foctor	E OF INJURY (Hame, farm, ry, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that (I) (this hospital) attended the deceased fram. 4—1 19.57, to 12-23, 1960 saw the deceased alive on 12-23 1960, and that death accurred of 525 M, from the couses and on the 220. SIGNATURE					, 1960, that (I) (we) lost on the date stated above.
					12/24/60 SIGNED
	22c. PHYSICIAN'S NAME (Type) WALTER T. K	KEES	22d. ADDRESS COCKEY	SUILLE M	<i>D</i> .
23		AE OF CEMETERY OR	CREMATORY	23d. LOCATION (City, town, or c	aunty) (Stote)
	BURIAL 12-27-60 Wood	dlawn Ceme	terv	Woodlawn, Md	

Woodlawn Cemetery

12-27-60

Wm. Cook, Inc., 1217 St. Paul Street

24. FUNERAL DIRECTOR'S SIGNATURE

TO HOSPITAL VR A15 (4) 1SM 9/59

	A DETERMINED	agag1
2-12-15-15		
		2 (02.1)
- V 4		
Table - 53, e.5. (c)		aZ wasana w
12 4 4 4 4	West ON	
	A STATE OF THE PARTY OF THE PAR	

# TO HOSPIT.—OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbor papers. Pages 1 and Z should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 1SM 9/60

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13637 CERTIFICATE OF DEATH

1111		
	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed fived, If institutions Residence before admission)
	Baltimore MARYLAND	a. STATE b. COUNTY
	b. CITY OR TOWN (if outside corporete limits.   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
_	write RURAL end give neerest town)	01 310/1/
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	Baltimore 3001, 4
3	Holly Hill Manor	ON A FARM?
	531 Stevenson Lane	2710 Auchentoroly Terrace YES NO N
	3. NAME OF First Middle DECEASED	Last 4. DATE 6 Month Day Yeer
	(Type or print) Mrs. Clizabeth (. 7)	nmerman December 7th 1960
		DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS.
	tomale white WIDOWED DIVORCED	lest birthdey) Months Deys Hours Min.
-	10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR	Y   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
	dose during most of working life, even if retired)	AA 1 1 1 11CA
-	13. FATHER'S NAME	Maryland USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Н.	Eugene Hulseman	Katherine Thomas
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I (Yes, no, or unknown) ((Ifyesgivewerordetesofservice)	NFORMANT Address
	R	ichard E. Zimmerman some
	18. CAUSE OF DEATH [Enter only one ceuse per lipe for (e), (b), end (c).]	INTERVAL BETWEEN
	PART I, DEATH WAS CAUSED BY: Afteriosele	+ Otic Catalo Vascular, ONSET AND DEATH
	1/11	are with Decompendin
	17 x x 1 1 00 10	4,50
	Conditions, if eny, which geve rise to immediate cause	
	(e), steting the underlying DUE TO	
	cause last. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  Dichetes Melle  200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED  OR CONTRIBUTING   CAUSE OF DEATH  UT IF FITHER, NOTIFY MEDICAL EXAMINER	YES NO 19
	206. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING   CAUSE OF DEATH	(Enter neture of injury in Pert I or Pert II of item 18.)
	(a at	CE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) ory, street, office bldg., etc.)
	Hour a.m. While Not While tech	ory, sitest, office blugs, etc.)
	21. I certify that (I) (this hospitel) attended the deceased from	NCU. 15-, 1960 to Dec. 7, 1960 that (1) (we) last
	saw the deceased alive on 1/6/22 1960, and that	9'3'C
		death occured at
	22e. SIGNATURE	ATTENDING MED. STAFF SIGNED
	am (A) amula () "	
	22c. PHYSICIAN'S NAME (Type) /// / /	EDI YOUR RD BOLD, 12, U.D.
	William H. Kammerer, Jr.	16011 7000 Ma, 13190. 17/1019,
	238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY (	OR CREMATORY 23d. LOCATION (City, town or county) (Stete)
	Gurial 12-10-60 Druid Ridge	e Cemetery Baltimore, Md.
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Leonard J. Ruck 5305 Hartord Road	d DATEDEC 9 '60 Cathur S. France
1.	Levitaria Jo Mack ) Jos Marcy orta Moun	Transfer of the second

SAL MUNEYUK LERE

tally elangt

This selection is in drain the secondary for the

11-20-1801 13-5

THE SUPERING THE PARTY OF THE P

to this adjusted by

Sint a nonce of animals

WELL STEEL AND BOLD OF

property started

Line Tolk Crand Park Tolk Const. The Const. 
William H. Moranney, Mr.

with the the the column hide tenerate the throne, ha, AND THE REAL PROPERTY.

concre. I stick 5 to grifar and Wood many b